
18TH ANNUAL
PEDIATRIC NEUROLOGY SYMPOSIUM

April 25-26, 2025



Exhibit Opportunities



18TH ANNUAL

PEDIATRIC NEUROLOGY SYMPOSIUM

When & Where

April 25-26, 2025
Hyatt Centric
33 Beale Street
Memphis, Tenn. 38103

Contact

Ashley King Long
Margaret.Kinglong@lebonheur.org

Registration Deadline

Monday, April 14, 2025

Display Dates & Times

Friday, April 25
7:30 a.m. - 4:45 p.m.
Breaks:
10:15 a.m., noon, 2:30 p.m.

Saturday, April 26
7:30 a.m. - 1 p.m.
Break: 10 a.m.

Please contact us as soon as possible to reserve your space.

Exhibit Opportunities

Platinum Level

\$9,000

- **Your company name on the conference event page**
 - Company name will be linked to a page dedicated to your company, including descriptions, links and contact information
- **Special recognition on conference poster**
- **Admission and exhibit table for up to 2 people**
- **Exhibit table in a prominent location**
- **Dinner (up to 2 people) with conference attendees**

Gold Level

\$6,000

- **Your company name on the conference event page**
 - Company name will be linked to a page dedicated to your company, including descriptions, links and contact information
- **Special recognition on conference poster**
- **Admission and exhibit table for up to 2 people**
- **Exhibit table located in prominent location**

Silver Level

\$3,000

- **Your company name on the conference event page**
 - Company name will be linked to a page dedicated to your company, including descriptions, links and contact information
- **Special recognition on conference poster**
- **Admission and exhibit table for up to 2 people**
- **Exhibit table located in separate room off the conference hall**

Register and Pay Online or make checks payable and mail to:

Methodist Healthcare Foundation
PO Box 42048
Memphis, Tenn. 38174-2048
Attn.: JoAnn Franklin

Please write "2025 Midsouth Neuro Symposium" for the memo line on the check.

<http://www.lebonheur.org/neuroexhibitor>

Once payment has been received, no refunds will be allowed.

Funds must be received by April 14, 2025. Exhibit fees not received by April 14, 2025 must be paid by credit card.

PEDIATRIC NEUROLOGY SYMPOSIUM

Exhibit Space Application

Company Name: _____

Primary Contact: _____

Email: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Additional Contacts:

Name: _____ Email: _____

Name: _____ Email: _____

Please choose your exhibitor level:

Platinum (\$9,000)

Gold (\$6,000)

Silver (\$3,000)

Submission of this signed form to Le Bonheur Children's Hospital constitutes your commitment to serve as a supporter and your agreement to pay \$_____.

Signature: _____

Title: _____ Date: _____

Booths will not be reserved without payment in full. Please return application with either your online payment confirmation using the link below or your check made payable to Le Bonheur Children's Hospital to the address below (*Please be sure to address envelope with all information below.):

<http://www.lebonheur.org/neuroexhibitor>

Methodist Healthcare Foundation
PO Box 42048
Memphis, Tenn. 38174-2048
Attn.: JoAnn Franklin

Tax ID: 23-7320638

If you have any questions, please do not hesitate to contact Margaret.Kinglong@lebonheur.org.