

EXHIBITOR REGISTRATION FORM

ACTIVITY INFORMATION

ACTIVITY TITLE: **7th Annual Stroke and Neurocritical Care Symposium: Advanced Management of Neurological and Neurosurgical Emergencies and Critical Care**

ACTIVITY DATE: **September 26, 2025**

COURSE CODE: **26MR01**

RUTGERS-CCOE CONTACT: **Keisha Ferguson**

EMAIL: **keisha.ferguson@rutgers.edu**

COMPANY INFORMATION

COMPANY NAME: _____

CONTACT PERSON: _____

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<input type="checkbox"/> \$3,500.00	1 Table	Exhibitor/Attendee Name _____
	2 Exhibitors	Exhibitor/Attendee Name _____
<input type="checkbox"/> \$5,000.00	2 Tables	Exhibitor/Attendee Name _____
	4 Exhibitors	Exhibitor/Attendee Name _____

PAYMENT BY CHECK

Make check payable to Rutgers, The State University and mail to:

Center for Continuing and Outreach Education
Rutgers Biomedical and Health Sciences
65 Bergen Street, Suite 1218, Newark, NJ 07101-1709
Attention: Patrick Dwyer

PAYMENT BY CREDIT CARD

Visit <https://rutgers.cloud-cme.com/2025SNCCSymposium>

Click “**Exhibitors**” then “**Exhibit at this Event**” and complete the registration process.

Please complete and return this form, **REGARDLESS OF FORM OF PAYMENT**,
along with the signed Exhibitor Agreement,
by email to Keisha Ferguson at keisha.ferguson@rutgers.edu