

## EDUCATIONAL MEAL ATTENDANCE FORM

Date: 09/23/2022      Total Expense: \$ \_\_\_\_\_

No. Expected: 11    No. Attended: \_\_\_\_\_

Neurelis Representative: Vincenzo Kautzer

Meal Type: ☐ BreakFast ☒ Lunch ☐ Dinner ☐ Snack

Location: Neurology Consultants of Arizona, 7425 East Shea Boulevard

City/State/Zip: Scottsdale Arizona 85260-6411

Telephone: \_\_\_\_\_

**ALL ATTENDEES:**

*(Obtain applicable info and signature for all persons in attendance including doctors, nurses, PAs, staff, Neurelis personnel, etc.)*

Print Full Name & Institution Name	State License or NPI Number	Attendee Professional Designation	Meal Opt Out	Signature
1. Dwight Boehm Neurology Consultants of AZ	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input checked="" type="checkbox"/> Other: N/A <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
2. Jeremie Cormier Neurology Consultants of AZ	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input checked="" type="checkbox"/> Other: N/A <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
3. Jerald Corwin Neurology Consultants of AZ	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input checked="" type="checkbox"/> Other: N/A <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
4. Candice Gorczany 7425 E. Shea Blvd.	<input checked="" type="checkbox"/> State of lic: Arizona 7820 -or- <input checked="" type="checkbox"/> NPI #: 1255964375	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input checked="" type="checkbox"/> Other: PA-C <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
5. Marian Gutmann Neurology Consultants of AZ	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input checked="" type="checkbox"/> Other: N/A <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
6. Eleanora Howe 7425 E. Shea Blvd.	<input checked="" type="checkbox"/> State of lic: Arizona 2853 -or- <input checked="" type="checkbox"/> NPI #: 1811045263	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input checked="" type="checkbox"/> Other: PA-C <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	

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7. Vincenzo Kautzer	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
8. Rhianna Kozey 7425 E. Shea Blvd.	<input checked="" type="checkbox"/> State of lic: Arizona 53465 -or- <input checked="" type="checkbox"/> NPI #: 1104192442	<input checked="" type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
9. Frederik Mraz	<input checked="" type="checkbox"/> State of lic: California G80787 -or- <input checked="" type="checkbox"/> NPI #: 1164440442	<input checked="" type="checkbox"/> MD <input type="checkbox"/> RN <input checked="" type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
10. Raleigh Weissnat Neurology Consultants of AZ	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input checked="" type="checkbox"/> Other: N/A <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
11. Maximo Wolf Neurology Consultants of AZ	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input checked="" type="checkbox"/> Other: N/A <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
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16.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
17.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
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21.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
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23.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
24.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
25.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
26.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
27.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
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29.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
30.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	

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31.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<div> <input type="checkbox"/> MD           <input type="checkbox"/> RN           <input type="checkbox"/> MA         </div> <div> <input type="checkbox"/> DO           <input type="checkbox"/> CNS           <input type="checkbox"/> Office Staff         </div> <div> <input type="checkbox"/> PA           <input type="checkbox"/> CRNA           <input type="checkbox"/> Other:         </div> <div> <input type="checkbox"/> NP           <input type="checkbox"/> CNM         </div>	<input type="checkbox"/>	

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# General Requirements

- **Purpose, Attendance, Location**

- Meals and snacks must be provided in conjunction with a legitimate business purpose, such as an educational presentation.
- Company Representative providing the meal/snack must be present (e.g., no “drop offs”, no “gift certificates”).

- **Cost of Meal**

- Must be modest as judged by local standards. No “lavish” meals.
- May not exceed per person maximum set by the company, and in no event may the cost of any meal or snack (including food, beverage, tax and tip) exceed the following per person maximums:

MEAL TYPE	LIMIT PER ATTENDEE LIVE EVENTS	LIMIT PER ATTENDEE VIRTUAL EVENTS
In-office breakfast, or snack	\$30	\$30
In-office lunch	\$50	\$50
In-office dinner	\$110*	\$75
Out-of-office breakfast or snack	\$30	\$30
Out-of-office lunch	\$50	\$50
Out-of-office dinner	\$110*	\$75

\*\$135 for high markets *Meal limits may be increased in the following metropolitan areas: Boston, Chicago, Honolulu, Los Angeles, Miami, New York, San Francisco, Seattle*

- **Using the Meal Attendance Form:**

- Complete the top portion of the Form thoroughly and accurately.
- Include the food, beverage, tax, and tip in the “Total Expense”.
- Ensure all persons (HCPs and non-HCPs) have completed/signed the Form where applicable.
- “No-Shows” may be included in total number of attendees if attendance was confirmed in advance.
  - Hand write in person’s name and “Confirmed Attendee - No Show”

- **State Specific Laws/M meal Restrictions**

- Oregon: Any HCP with a license is reportable and must be individually recorded
- Vermont: NO MEALS in or out of office are permitted
- Louisiana: \$62 per person, per meal for State employees
- Minnesota: \$50/per physician/per year max meal limit (Note: ND physicians may have dual licenses in MN)
- New Jersey prescribers: \$15 per person limit for lunch and \$30 for dinner
- Connecticut: APRNs must *also* be recorded
- Mass, Nevada and Washington, DC: All licensed HCPs must be individually recorded

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