

# Speaker Program Attendee Form

**Event Information (Location and Date):** [CU-34304, Thursday, February 15 2024, 6:59 PM CT, , ]

**All Attendees:** Please enter your information below. Neurelis complies with applicable laws, regulations, ordinances, institutional requirements, and industry standards that relate to interactions with healthcare professionals, including "transparency" disclosure requirements. Transfers of value may be reported and/or prohibited depending on your license, the state, where you practice, and your hospital affiliation, if any. By signing below, you acknowledge that you are not prohibited from accepting this meal and that you understand the costs associated with this meal may be reported to the applicable jurisdiction and/or institution.

|   |                           |                                 |         |
|---|---------------------------|---------------------------------|---------|
| <b>Event Information:</b> Required to be completed by Program Owner prior to Submission |                           | <b>Program Number: CU-34304</b> |         |
| <b>Speaker Name:</b>  | wendy deann               | <b>Signature:</b>               |         |
| <b>Program Owner:</b>   | sales test                | <b>Venue / Site Name:</b>       | Virtual |
| <b>Date of event:</b>   | 2/15/2024                 | <b>Venue / Site Address:</b>    |         |
| <b>Presentation Name:</b>   | 2055 - Metabolic Problems | <b>Total Attendees:</b>         | 7       |
|   |                           | <b>Attendees Planned For:</b>   | 1       |

Please ensure that all attendees sign this form.

All attendee information should be captured on the Sign-In Sheet for all speaker program attendees: (i) all physicians; (ii) all associates; (iii) any nurses, pharmacists, residents or physician assistants who are licensed in MA, MN, DC, CT, or NV\*. Please remember that additional restrictions may apply by state (e.g., VT) or facility.

Please make sure information is complete and accurate to the best of your knowledge before submitting the Sign in Sheet and remember that this document should be sent along with your itemized receipt. Thank you.

\*California, Connecticut, District of Columbia, Vermont, New Jersey, Nevada, Massachusetts or Minnesota.

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| # | Function/ Title<br>(e.g. Neurelis Rep,<br>Medical Doctor, Pharmacist,<br>Nurse Practitioner, RN,<br>Other, etc.) | Are you<br>licensed in<br>CA, CT, D.C.,<br>VT, NJ, NV,<br>MA or MN? | Practice/Hospital<br>Name(s)<br>Location                               | Legal<br>Last Name<br>(print)                                | Legal<br>First Name<br>(print)    | Signature                       | Did not<br>accept meal?<br>(opt out) | Opt-in to receive<br>additional materials<br>from Neurelis |
|---|--|---|--|--|-----------------------------------|---------------------------------|--------------------------------------|--|
| 1 |  | NO  | Hospital/Clinic Name(s):<br>N/A<br>Street Address:<br>1205 Fleming St  | Last Name<br>Rainman<br><br>City Garden City<br>State Kansas | First Name<br>Valerie<br><br>NPI: | Signature<br><br>State Licence# |                                      | YES  |
| # | Function/ Title<br>(e.g. Neurelis Rep,<br>Medical Doctor, Pharmacist,<br>Nurse Practitioner, RN,<br>Other, etc.) | Are you<br>licensed in<br>CA, CT, D.C.,<br>VT, NJ, NV,<br>MA or MN? | Practice/Hospital<br>Name(s)<br>Location                               | Legal<br>Last Name<br>(print)                                | Legal<br>First Name<br>(print)    | Signature                       | Did not<br>accept meal?<br>(opt out) | Opt-in to receive<br>additional materials<br>from Neurelis |
| 2 |  | NO  | Hospital/Clinic Name(s):<br>test for cgl-114<br>Street Address:<br>bbb | Last Name<br>aa<br><br>City cccc<br>State Alabama            | First Name<br>bb<br><br>NPI:      | Signature<br><br>State Licence# |                                      | NO   |
| # | Function/ Title<br>(e.g. Neurelis Rep,<br>Medical Doctor, Pharmacist,<br>Nurse Practitioner, RN,<br>Other, etc.) | Are you<br>licensed in<br>CA, CT, D.C.,<br>VT, NJ, NV,<br>MA or MN? | Practice/Hospital<br>Name(s)<br>Location                               | Legal<br>Last Name<br>(print)                                | Legal<br>First Name<br>(print)    | Signature                       | Did not<br>accept meal?<br>(opt out) | Opt-in to receive<br>additional materials<br>from Neurelis |
| 3 |  | NO  | Hospital/Clinic Name(s):<br><br>Street Address:                        | Last Name<br>aaaa  | First Name<br>aa                  | Signature                       |                                      | YES  |

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|   |  |   |   |   |                                 |                                 |                                      |  |
|---|--|---|---|---|---------------------------------|---------------------------------|--------------------------------------|--|
|   |  |   | adad<br>aad   | City and<br>State Alaska                                | NPI:                            | State Licence#                  |                                      |  |
| # | Function/ Title<br>(e.g. Neurelis Rep,<br>Medical Doctor, Pharmacist,<br>Nurse Practitioner, RN,<br>Other, etc.) | Are you<br>licensed in<br>CA, CT, D.C.,<br>VT, NJ, NV,<br>MA or MN? | Practice/Hospital<br>Name(s)<br>Location  | Legal<br>Last Name<br>(print)                           | Legal<br>First Name<br>(print)  | Signature                       | Did not<br>accept meal?<br>(opt out) | Opt-in to receive<br>additional materials<br>from Neurelis |
| 4 | dr   |   | Hospital/Clinic Name(s):<br>dr<br>Street Address:<br>15840 John F Kennedy Boulevard   | Last Name<br>deann<br><br>City Houston<br>State Texas   | First Name<br>wendy<br><br>NPI: | Signature<br><br>State Licence# |                                      | YES  |
| # | Function/ Title<br>(e.g. Neurelis Rep,<br>Medical Doctor, Pharmacist,<br>Nurse Practitioner, RN,<br>Other, etc.) | Are you<br>licensed in<br>CA, CT, D.C.,<br>VT, NJ, NV,<br>MA or MN? | Practice/Hospital<br>Name(s)<br>Location  | Legal<br>Last Name<br>(print)                           | Legal<br>First Name<br>(print)  | Signature                       | Did not<br>accept meal?<br>(opt out) | Opt-in to receive<br>additional materials<br>from Neurelis |
| 5 | title  | NO  | Hospital/Clinic Name(s):<br>Advanced Neurology, cgl-114 test<br>Street Address:<br>7100 Westwind Drive<br>Building 3, Suite 300 | Last Name<br>Herekar<br><br>City El Paso<br>State Texas | First Name<br>Aamr<br><br>NPI:  | Signature<br><br>State Licence# |                                      | NO   |
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|   |  |   |  |  |                                  |                                 |                                      |  |
|---|--|---|--|--|----------------------------------|---------------------------------|--------------------------------------|--|
| 6 |  | NO  | Hospital/Clinic Name(s):<br>patient attendee cgl-114 test<br>Street Address: | Last Name<br>Martin<br><br>City<br>State | First Name<br>Joanne<br><br>NPI: | Signature<br><br>State Licence# |                                      | NO   |
| # | Function/ Title<br>(e.g. Neurelis Rep,<br>Medical Doctor, Pharmacist,<br>Nurse Practitioner, RN,<br>Other, etc.) | Are you<br>licensed in<br>CA, CT, D.C.,<br>VT, NJ, NV,<br>MA or MN? | Practice/Hospital<br>Name(s)<br>Location                                     | Legal<br>Last Name<br>(print)            | Legal<br>First Name<br>(print)   | Signature                       | Did not<br>accept meal?<br>(opt out) | Opt-in to receive<br>additional materials<br>from Neurelis |
| 7 |  |   | Hospital/Clinic Name(s):<br><br>Street Address:                              | Last Name<br>test<br><br>City<br>State   | First Name<br>sales<br><br>NPI:  | Signature<br><br>State Licence# |                                      | YES  |
| # | Function/ Title<br>(e.g. Neurelis Rep,<br>Medical Doctor, Pharmacist,<br>Nurse Practitioner, RN,<br>Other, etc.) | Are you<br>licensed in<br>CA, CT, D.C.,<br>VT, NJ, NV,<br>MA or MN? | Practice/Hospital<br>Name(s)<br>Location                                     | Legal<br>Last Name<br>(print)            | Legal<br>First Name<br>(print)   | Signature                       | Did not<br>accept meal?<br>(opt out) | Opt-in to receive<br>additional materials<br>from Neurelis |
| 8 |  |   | Hospital/Clinic Name(s):<br><br>Street Address:                              | Last Name<br><br>City<br>State           | First Name<br><br>NPI:           | Signature<br><br>State Licence# |                                      |  |
| # | Function/ Title<br>(e.g. Neurelis Rep,   | Are you<br>licensed in  | Practice/Hospital<br>Name(s)   | Legal<br>Last Name                       | Legal<br>First Name              | Signature                       | Did not<br>accept meal?              | Opt-in to receive<br>additional materials                  |

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|    | Medical Doctor, Pharmacist,<br>Nurse Practitioner, RN,<br>Other, etc.)   | CA, CT, D.C.,<br>VT, NJ, NV,<br>MA or MN?                           | Location  | (print)                        | (print)                        |                                 | (opt out)                            | from Neurelis  |
| 9  |  |   | Hospital/Clinic Name(s):<br><br>Street Address: | Last Name<br><br>City<br>State | First Name<br><br>NPI:         | Signature<br><br>State Licence# |                                      |  |
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| 10 |  |   | Hospital/Clinic Name(s):<br><br>Street Address: | Last Name<br><br>City<br>State | First Name<br><br>NPI:         | Signature<br><br>State Licence# |                                      |  |
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| 11 |  |   | Hospital/Clinic Name(s):<br><br>Street Address: | Last Name<br><br>City<br>State | First Name<br><br>NPI:         | Signature<br><br>State Licence# |                                      |  |

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| 14 |  |   | Hospital/Clinic Name(s):<br><br>Street Address: | Last Name<br><br>City<br>State | First Name<br><br>NPI:         | Signature<br><br>State Licence# |                                      |  |
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| 15 |  |   | Hospital/Clinic Name(s):<br><br>Street Address: | Last Name<br><br>City<br>State | First Name<br><br>NPI:         | Signature<br><br>State Licence# |                                      |  |
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| 16 |  |   | Hospital/Clinic Name(s):<br><br>Street Address: | Last Name<br><br>City<br>State | First Name<br><br>NPI:         | Signature<br><br>State Licence# |                                      |  |
| #  | Function/ Title<br>(e.g. Neurelis Rep,   | Are you<br>licensed in  | Practice/Hospital<br>Name(s)                    | Legal<br>Last Name             | Legal<br>First Name            | Signature                       | Did not<br>accept meal?              | Opt-in to receive<br>additional materials                  |

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| 17 |  |   | Hospital/Clinic Name(s):<br><br>Street Address: | Last Name<br><br>City<br>State | First Name<br><br>NPI:         | Signature<br><br>State Licence# |                                      |  |
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| 20 |   |  | Hospital/Clinic Name(s):<br><br>Street Address:   | Last Name<br><br>City<br>State         | First Name<br><br>NPI:                  | Signature<br><br>State Licence# |   |   |
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| 21 |   |  | Hospital/Clinic Name(s):<br><br>Street Address:   | Last Name<br><br>City<br>State         | First Name<br><br>NPI:                  | Signature<br><br>State Licence# |   |   |
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| 22 |  |   | Hospital/Clinic Name(s):<br><br>Street Address: | Last Name<br><br>City<br>State | First Name<br><br>NPI:         | Signature<br><br>State Licence# |                                      |  |
| #  | Function/ Title<br>(e.g. Neurelis Rep,<br>Medical Doctor, Pharmacist,<br>Nurse Practitioner, RN,<br>Other, etc.) | Are you<br>licensed in<br>CA, CT, D.C.,<br>VT, NJ, NV,<br>MA or MN? | Practice/Hospital<br>Name(s)<br>Location        | Legal<br>Last Name<br>(print)  | Legal<br>First Name<br>(print) | Signature                       | Did not<br>accept meal?<br>(opt out) | Opt-in to receive<br>additional materials<br>from Neurelis |
| 23 |  |   | Hospital/Clinic Name(s):<br><br>Street Address: | Last Name<br><br>City<br>State | First Name<br><br>NPI:         | Signature<br><br>State Licence# |                                      |  |
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| 24 |  |   | Hospital/Clinic Name(s):<br><br>Street Address: | Last Name<br><br>City<br>State | First Name<br><br>NPI:         | Signature<br><br>State Licence# |                                      |  |
| #  | Function/ Title<br>(e.g. Neurelis Rep,   | Are you<br>licensed in  | Practice/Hospital<br>Name(s)                    | Legal<br>Last Name             | Legal<br>First Name            | Signature                       | Did not<br>accept meal?              | Opt-in to receive<br>additional materials                  |

\*California, Connecticut, District of Columbia, Vermont, New Jersey, Nevada, Massachusetts or Minnesota.

# Speaker Program Attendee Form

**Event Information (Location and Date):** [CU-34304, Thursday, February 15 2024, 6:59 PM CT, , ]

**All Attendees:** Please enter your information below. Neurelis complies with applicable laws, regulations, ordinances, institutional requirements, and industry standards that relate to interactions with healthcare professionals, including "transparency" disclosure requirements. Transfers of value may be reported and/or prohibited depending on your license, the state, where you practice, and your hospital affiliation, if any. By signing below, you acknowledge that you are not prohibited from accepting this meal and that you understand the costs associated with this meal may be reported to the applicable jurisdiction and/or institution.

|    |  |   |   |                                |                                |                                 |                                      |  |
|----|--|---|---|--------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|
|    | Medical Doctor, Pharmacist,<br>Nurse Practitioner, RN,<br>Other, etc.)   | CA, CT, D.C.,<br>VT, NJ, NV,<br>MA or MN?                           | Location  | (print)                        | (print)                        |                                 | (opt out)                            | from Neurelis  |
| 25 |  |   | Hospital/Clinic Name(s):<br><br>Street Address: | Last Name<br><br>City<br>State | First Name<br><br>NPI:         | Signature<br><br>State Licence# |                                      |  |
| #  | Function/ Title<br>(e.g. Neurelis Rep,<br>Medical Doctor, Pharmacist,<br>Nurse Practitioner, RN,<br>Other, etc.) | Are you<br>licensed in<br>CA, CT, D.C.,<br>VT, NJ, NV,<br>MA or MN? | Practice/Hospital<br>Name(s)<br>Location        | Legal<br>Last Name<br>(print)  | Legal<br>First Name<br>(print) | Signature                       | Did not<br>accept meal?<br>(opt out) | Opt-in to receive<br>additional materials<br>from Neurelis |
| 26 |  |   | Hospital/Clinic Name(s):<br><br>Street Address: | Last Name<br><br>City<br>State | First Name<br><br>NPI:         | Signature<br><br>State Licence# |                                      |  |
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| 27 |  |   | Hospital/Clinic Name(s):<br><br>Street Address: | Last Name<br><br>City<br>State | First Name<br><br>NPI:         | Signature<br><br>State Licence# |                                      |  |

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