

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.

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

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|---|--|---|--|--|-----------------------------------|---------------------------------|--------------------------------------|--|
| 1 | | NO | Hospital/Clinic Name(s): N/A Street Address: 1205 Fleming St | Last Name Rainman City Garden City State Kansas | First Name Valerie NPI: | Signature State Licence# | | YES |
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| 2 | | NO | Hospital/Clinic Name(s): test for cgl-114 Street Address: bbb | Last Name aa City cccc State Alabama | First Name bb NPI: | Signature State Licence# | | NO |
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| 4 | dr | | Hospital/Clinic Name(s): dr Street Address: 15840 John F Kennedy Boulevard | Last Name deann City Houston State Texas | First Name wendy NPI: | Signature State Licence# | | YES |
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| 5 | title | NO | Hospital/Clinic Name(s): Advanced Neurology, cgl-114 test Street Address: 7100 Westwind Drive Building 3, Suite 300 | Last Name Herekar City El Paso State Texas | First Name Aamr NPI: | Signature State Licence# | | NO |
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| 6 | | NO | Hospital/Clinic Name(s): patient attendee cgl-114 test Street Address: | Last Name Martin City State | First Name Joanne NPI: | Signature State Licence# | | NO |
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