

Speaker Program Attendee Form

Event Information (Location and Date): [CU-34363, Friday, March 01 2024, 7:37 PM EST, Hilltown,]

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.

<u>Event Information:</u> Required to be completed by Program Owner prior to Submission		Program Number: CU-34363	
Speaker Name:	Seref Can	Signature:	
Program Owner:	MEHMETCEM ALTUNSOY test	Venue / Site Name:	CarlsJR
Date of event:	3/1/2024	Venue / Site Address:	Istanbul, AR
Presentation Name:	2055 - Metabolic Problems, 1-CONFIDENCE IN THE CLASSROOM: Team up with VALTOCOÂ® to Change the Seizure Rescue	Total Attendees:	6
		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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#	Function/ Title (e.g. Neurelis Rep, Medical Doctor, Pharmacist, Nurse Practitioner, RN, Other, etc.)	Are you licensed in CA, CT, D.C., VT, NJ, NV, MA or MN?	Practice/Hospital Name(s) Location	Legal Last Name (print)	Legal First Name (print)	Signature	Did not accept meal? (opt out)	Opt-in to receive additional materials from Neurelis
1		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
#	Function/ Title (e.g. Neurelis Rep, Medical Doctor, Pharmacist, Nurse Practitioner, RN, Other, etc.)	Are you licensed in CA, CT, D.C., VT, NJ, NV, MA or MN?	Practice/Hospital Name(s) Location	Legal Last Name (print)	Legal First Name (print)	Signature	Did not accept meal? (opt out)	Opt-in to receive additional materials from Neurelis
2		NO	Hospital/Clinic Name(s): Street Address: Hills Road	Last Name bulgurcu City AR State Arkansas	First Name feyza NPI:	Signature State Licence#		YES
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4		NO	Hospital/Clinic Name(s): Alcovy Neurology Street Address: 3535 HWY 81 S	Last Name Lacayo City Loganville State Georgia	First Name Abbie NPI:	Signature State Licence#		YES
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