

# Speaker Program Attendee Form

**Event Information (Location and Date):** [CU-34564, Thursday, June 20 2024, 13:29 CT, 221, ]

**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:</b> CU-34564	
<b>Speaker Name:</b>	A'mit Verma	<b>Signature:</b>	
<b>Program Owner:</b>	Mert Ozdemir	<b>Venue / Site Name:</b>	12
<b>Date of event:</b>	06/20/2024	<b>Venue / Site Address:</b>	21, AK
<b>Presentation Name:</b>	1-CONFIDENCE IN THE CLASSROOM: Team up with VALTOCOÂ® to Change the Seizure Rescue	<b>Total Attendees:</b>	2
		<b>Attendees Planned For:</b>	12

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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2			Hospital/Clinic Name(s):  Street Address: 6560 Fannin Street, ST802	Last Name Verma  City Houston State Texas	First Name A'mit  NPI:	Signature  State Licence#		YES
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