

Speaker Program Attendee Form

Event Information (Location and Date): [CU-34133, Tuesday, January 16 2024, 3:50 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-34133	
Speaker Name:	Hilal Can	Signature:	
Program Owner:	Jack Sales Bestseller	Venue / Site Name:	CarlsJR
Date of event:	1/16/2024	Venue / Site Address:	Istanbul, AR
Presentation Name:	2055 - Metabolic Problems	Total Attendees:	2
		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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