

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.

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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#	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): N/A Street Address: 1205 Fleming St	Last Name Rainman City Garden City State Kansas	First Name Valerie NPI:	Signature State Licence#		YES
#	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): 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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			adad aad	City and State Alaska	NPI:	State Licence#		
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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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7			Hospital/Clinic Name(s): Street Address:	Last Name test City State	First Name sales NPI:	Signature State Licence#		YES
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