



Exhibitor Prospectus

2026 SCNA Annual Meeting | September 11-12
Crowne Plaza Hotel & Resort | Asheville, NC



Dear Corporate Sponsor,

The South Carolina Neurological Association is proud to extend partnership opportunities for all commercial supporters at the 2026 Annual Meeting. This year's meeting will be held September 11-12 at the Crowne Plaza, Asheville, NC.

The SCNA Annual Meeting provides neurologists, physicians and other medical professionals interested in the practice of neurology an opportunity to stay informed about the latest clinical advances and research findings in the field. Your participation is welcome as we expect to host professionals from South Carolina, North Carolina, and Georgia.

Exhibitor applications and agreements can be submitted online or mailed to SCNA, 1215 Anthony Avenue, Columbia, SC 29201, or mailed to info@scneuro.org.

Hotel Reservations

You may reserve your room using one of the options below:

- Call toll-free at 1-844-330-0296 (24/7) to our **central reservations call center** and mention the group name **SC Neurological Association** or the group code **SCN** to receive the special group rate.
- Call the **local number** at 828-285-2603 during normal business hours Monday - Friday, 9:00am - 4:30pm, and ask for **in-house reservations** mentioning the **SC Neurological Association**.
- Visit the [Hotel Website](#), enter the block dates needed, and enter the group code **SCN**.
- Use the [booking link](#), which will automatically add the contracted block dates and the group code.

Meeting Schedule

Friday, September 11, 2026

3:00 - 5:00pm	Exhibitor Registration & Setup
4:00 - 4:30pm	Poster Setup
4:30 - 6:00pm	Welcome Reception & Exhibit Hall Open
6:00 - 7:00pm	Presidential Welcome & Resident "Neurobowl"
7:00 - 9:00pm	Dinner & Keynote Lecture

Saturday, September 12, 2026

7:00 - 7:30am	Registration
7:00 - 8:30am	Breakfast
7:30 - 8:30am	Professor-guided CME Poster Presentations
7:00 - 10:30am	Exhibit Hall Open
8:30 - 9:20am	Educational Session
9:30 - 10:20am	Educational Session
10:30 - 11:00am	Networking Break & Exhibits
11:00 - 11:50am	Educational Session
11:00am - 1:00pm	Exhibitor Teardown
12:00 - 1:00pm	Lunch & SCNA Business Meeting
1:00 - 1:50pm	Educational Session
2:00 - 2:50pm	Educational Session
3:00 - 3:15pm	Afternoon Break
3:15 - 4:05pm	Educational Session
4:05 - 5:05pm	Educational Session

Sponsorship Opportunities

EXHIBITOR: \$2,500

- Two company representatives may attend annual meeting
- Recognition of partnership in annual meeting program

BRONZE PARTNER: \$3,500

- Three company representatives may attend annual meeting
- Recognition of partnership in annual meeting program and signage
- Recognition of partnership on the SCNA website (company logo)

SILVER PARTNER: \$4,500

- Four company representatives may attend annual meeting
- Recognition of partnership in annual meeting program
- Recognition of partnership on SCNA website (company logo with link)
- Ad placement in post-conference email
- Space for pre-scheduled networking meeting

Additional Opportunities

NON-PROFIT EXHIBITOR: \$500

- Two company representatives may attend annual meeting
- Must provide proof of designation as a 501(c)(3) organization

CONFERENCE MESSENGER BAG SPONSOR: \$2,000

- Includes sponsor logo on bag
- Two company representatives may attend annual meeting

All opportunities include exhibit space with covered 6ft table. Electricity is not included. Registration includes the reception and breakfast.

SCNA Annual Meeting Registration Form

Company Name: _____

Company Phone: _____ Alt. Phone: _____

Mailing Address: _____

City/State: _____ Zip Code: _____

Contact Name/Email: _____

Onsite Representative(s) Name and Email:

Name	Email
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Select Opportunity Level

- \$2,500 - Exhibitor
- \$3,500 - Bronze Partner
- \$4,500 - Silver Partner

Additional Opportunities

- \$2,000 - Messenger Bag Sponsor
- \$500 - Non-Profit Exhibitor
- \$500 - Handouts Only
- \$35 - Electricity

Payment Information: Check Enclosed Please Invoice

Total: \$ _____

Credit Card Number: _____ Exp. Date: _____ Security Code: _____

Name on Card: _____

Billing Address (Street, City, State, Zip Code): _____

Signature: _____