

Written Agreement for Vendor Support  
**2024 BAPTIST HEALTH NEUROSCIENCE SYMPOSIUM**  
October 4<sup>th</sup>, 2024

**Location:**

Oaklawn Racing Casino Resort  
Hot Springs, Arkansas

**Exhibit Hours:**

Friday, October 4<sup>th</sup>, 7:30 AM- 4:30 PM

**Vendor Support Level Requested:** (circle one)

**Platinum (\$7,500)**

**Gold (\$5,000)**

**Silver (\$3,000)**

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Payment Information:**

**If paying by check:**

- Memo line should include – “Neuro/Stroke: 300-7057-553540”
- Mail checks to the address below

**Please mail or scan/email your completed Vendor Agreement to:**

9601 Baptist Health Drive  
Suite 750, Med Tower 1  
Little Rock, AR 72205  
ATTN: Tyler Kairos, Spine Coordinator  
Baptist Health 2024 Neuroscience Symposium

Tyler.Kairos@baptist-health.org

**Baptist Health Medical Center - Little Rock, Tax ID: 71-0236856**