

Request for Display

The LSU Epilepsy Center and the LA Epilepsy Foundation are hosting an Epilepsy Awareness Day on Thursday, August 7th, 2008 at the Sheraton in New Orleans, beginning at 5:30 pm. The American Society of Electro-Neuro Diagnostic Technologists (ASET) is in New Orleans for its annual convention and will provide volunteers to assist with the Event.

The event will be free and open to the public. Information regarding diagnosis, treatment and access to services for persons with epilepsy will be provided. Complimentary food and beverage will be provided to the public, as well as parking validation stickers. Participants will receive a passport map of the event tables, indicating each vendor table. Upon visitation of each table, the passport will be stamped and can be redeemed at the end of the night for a free T-shirt, and a chance to win the grand prize weekend stay in New Orleans. There will also be children's activities in the heart of the pediatric epilepsy section of the room.

We are asking neurologists around the state if they are interested in reserving a display table for their practice at the event. There will be no charge for the display. Each practice will receive a 6 ft. skirted table with a black and white sign identifying up to 2 neurologists and the city where the practice is located. We ask that you and/or a knowledgeable nurse from your practice attend and provide referral and appointment information for your office/s. We would like to connect patients with experienced neurologists in their area; as it is easier for patients to schedule and attend clinic visits with physicians closer to their homes.

If you would like to reserve a table, please complete this fax form and send it Attn: Dr. Nicole Villemarette-Pittman to (504) 412-1518. If you would prefer to mail the form, please send it to Dr. Nicole Villemarette-Pittman, LSU Epilepsy Center of Excellence, 2820 Napoleon Ave., Suite 400, New Orleans, LA 70115. All reservations must be completed by July 1, 2008. No late entries will be accepted.

Provide up to 2 names to appear on the sign: _____

Provide the city where the practice is located: _____

By signing this document, Dr. _____ acknowledges an agreement to reserve a display table for his or her medical practice. By signing this document, you promise to attend the scheduled event and provide the materials requested in the description above. This contract is confirmed when you receive a return fax with the Event Chair signature.

Printed Physician Name

Signature of Physician

Date

Nicole Villemarette-Pittman, PhD / Chair / Epilepsy Awareness Day
Printed Name/Title/Event

Signature of Event Chair

Date