FORM PTO-1595 (Rev. 6-93)

RECORDATION FORM COVER SHEET

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

OMB No 0651-0011 (exp. 4/94)

TRADEMARKS ONLY

OMB No. 0001-0011 (exp. 4/94)		
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
1.	Name of conveying party(ies):	Name and address of receiving party(ies):
	Advanstar Communications Inc	Name: The American Academy of Neurology
	☐ Individual(s) ☐ Association	Internal Address:
	☐ General Partnership ☐ Limited Partnership ☐ Corporation - State New York	Street Address: 2221 University Avenue SE, Suite 3335
	☐ Other	
		City: Minneapolis State: MN ZIP: 55414
Addi	tional name(s) of conveying party(ies) attached? ☐Yes ☑No	Individual(s) citizenship
3.	Nature of conveyance:	Association
	⊠ Assignment □ Merger	☐ General Partnerhip
	☐ Security Agreement ☐ Change of Name	☐ Limited Partnership
	Other	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Eve	ecution Date(s): January 4, 1996	☐ Other
LAC	Coulon Date(S). Danuary 4, 1990	If assignee is not domiciled in the United States, a domestic representative designation is attached. ⊠ Yes □ No
		attached. ☐ No (Designations must be a separate document from assignment) Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No
4.	Application number(s) or trademark number(s):	
	A. Trademark Application No(s).	B. Trademark No(s)
	,	1,841,804
		1,011,001
	Additional numbers attach	 ed? ☐ Yes ⊠ No
5.	Name and address of party to whom correspondence concerning document should be mailed:	Total number of applications and registrations involved: 1
	Name: Erika S. Koster	7. Total Fee (37 CFR 3.41)\$40.00.
	Internal Address: 3400 Plaza VII Building	⊠ Enclosed
	Street Address: 45 South Seventh Street	☐ Authorized to be charged to deposit account
	City: Minneapolis State: MN ZIP: 55402	⊠ Authorized to charge any underpayment or credit any overpayment to deposit account.
	Our File No.: 213180/4	
		8. Deposit account number:
		15-0627 (Attach duplicate copy of this page if paying by deposit account.)
DO NOT USE THIS SPACE		
9.	Statement and signature.	
	To the best of my knowledge and belief, the foregoing informatipn is true and correct and any attached copy is a true copy of the original document.	
	Erika S. Koster Wh	3/11/97
	Name of Person Signing	Signature Date
	Total number of pages including cover sh	eet, attachments, and document: 2

TRADEMARK ASSIGNMENT

KNOW ALL MEN, that Advanstar Communications Inc., a New York corporation, having its principal place of business at 7500 Old Oak Boulevard, Cleveland, Ohio 44130 (the "Assignor"), for good and valuable consideration paid by THE AMERICAN ACADEMY OF NEUROLOGY, having its principal place of business at 2221 University Avenue S.E., Suite 335, Minneapolis, MN 55414 (the "Assignee"), hereby assigns and transfers to Assignee all of Assignor's right, title and interest in and to Assignor's trademark "NEUROLOGY" United States Trademark Registration No. 1,841,804, together with the goodwill of the business symbolized thereby and all licenses of United States trademarks; and the right to sue for past, present and future infringements of the foregoing. Assignor hereby warrants that such assignment is given free and clear from all liens and encumbrances.

IN WITNESS WHEREOF, Assignor has caused its duly authorized officer to execute this Assignment on the 4th day of January, 1996.

ADVANSTAR COMMUNICATIONS INC.

Name: Adele D. Hartwick

Title: Treasurer and Controller

STATE OF MINNESOTA)
) ss.
COUNTY OF ST. LOUIS)

The foregoing instrument was acknowledged before me this _____ day of January, 1996, by Adele D. Hartwick, the Treasurer and Controller of Advanstar Communications Inc., a New York corporation, on behalf of the corporation.

TAMMY A. LILLO
NOTARY PUBLIC - MINNESOTA
ST. LOUIS COUNTY
My Comm. Expires Jan. 31, 2000

Notary Public