



200 First Street SW
Plummer 2-60
Rochester, Minnesota 55905

**Mayo School of Continuous
Professional Development**

Greetings,

On behalf of the Mayo School of Continuous Professional Development, we are pleased to announce the **Mayo Clinic Oncology Review**, taking place on **July 21, 2018** at the Loews Minneapolis Hotel in Minneapolis, MN.

The opportunity for health care providers to meet with various representatives to discuss products and services is often limited. As a colleague and key representative in an ever-changing health care industry, we invite you to participate in our program to share information with our attendees. We are expecting approximately 150 attendees for this course. ***We will again have exhibits spaces available; the fee to display at this course is \$2,000.***

If you are interested in exhibiting at this educational activity, please return the letter of agreement to the address on the form. For your information, the Mayo Tax ID Number is 41-6011702, please make checks payable to Mayo Clinic and include the course name on the check stub.

*****Please note that exhibit space for this course fills up very quickly—if you are interested in exhibiting, please return the paperwork below as soon as possible. We cannot hold exhibit spaces without a signed Letter of Agreement.***

If you have any questions about our program or need additional information, please contact Kris Jones at kristen.jones@mayo.edu.

Sincerely,
Lisa Winter
CME Specialist



**Mayo School of Continuous Professional Development (MSCPD)
Exhibitor Agreement**

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine – MSCPD AND:

Activity Title	2018 Mayo Clinic Oncology Review	
Activity Number	18R05070 (see note on check)	
Location	Loews Minneapolis Hotel - Minneapolis, MN	
Dates	July 21, 2018	
Company Name (Exhibitor) (as it should appear on printed materials)		
Exhibit Contact (if different then exhibit Rep.)		
Name(s) of Representative(s) exhibiting: (Maximum of two representatives allowed per exhibit)		
Address		
Telephone		
Fax		
Email		
The named exhibitor wishes to exhibit at the above named activity for the amount of		\$2,000.00

TERMS AND CONDITIONS

- EXHIBITOR agrees to abide by ACCME Standards for Commercial Support as stated at www.accme.org: SCS 4.2: “Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.” “For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during or after a CME activity. **Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.**”
- EXHIBITOR may only distribute educational promotional materials at their exhibit space. Distribution of non-educational items (pens, notepads, etc.), pharmaceuticals or product samples is prohibited.
- All exhibit fees associated with this activity will be given with the full knowledge of the PROVIDER. No additional payments, goods, services or events will be provided to the course director(s), planning committee members, faculty, joint provider, or any other party involved with the activity.
- Completion of this agreement represents a commitment and payment is due and collectible by the ACTIVITY DATE unless otherwise agreed upon by the PROVIDER. PROVIDER reserves the right to refuse exhibit space to EXHIBITOR in the event of nonpayment or Code of Conduct violation.
- PROVIDER agrees to provide exhibit space and may acknowledge EXHIBITOR in activity announcements. PROVIDER reserves the right to assign exhibit space or relocate exhibits at its discretion.

By signing below, I agree to the “Terms and Conditions” outlined on Page 1 of this Exhibitor Agreement (including ACCME Standards for Commercial Support):

The person signing below is authorized to enter into this agreement:

Exhibitor Representative Name	Signature	Date
Mayo Clinic Representative Name	Signature	Date

PAYMENT INFORMATION

Please indicate your method of payment:

PROVIDER **Federal Tax ID number is 41-6011702.**

Please remit check payable to: Mayo Clinic- Mayo School of CPD. Please identify name of course on the check stub.

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card or Wire Transfer
Make payable to: Mayo Clinic Mayo School of Continuous Professional Development 200 First St SW, Plummer 2-60 Rochester, MN 55905 Please identify "Oncology Review -18R05070" on the check.	For payment by credit card or wire transfer, please call the MSCPD Registrar at 800-323-2688 **Do not send credit card information via email **

NOTE: There may be additional charges depending on the meeting location (power, internet access, etc.).
Please list additional requests here: (please note: additional requests may incur additional fees)

**Complete and return this form, along with your payment made to Mayo Clinic,
Federal Tax ID# 41-6011702 to:**

*Kris Jones
200 First St SW, Plummer 2-60
Rochester, MN 55905
jones.kristen@mayo.edu
Phone: 507-266-3071*