



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

**Mayo Clinic School of
Continuous Professional
Development**

June 6, 2017

Dear Exhibitor:

On behalf of Mayo Clinic's Department of Dermatology and the Mayo Clinic School of Continuous Professional Development, I am pleased to invite you to support 31st Mayo Clinic Dermatology Symposium: The O'Leary Meeting. This course will be held September 22-23, 2017, at the DoubleTree by Hilton in Rochester, Minnesota. Course details can be found on the course web site: <https://ce.mayo.edu/dermatology/content/31st-biennial-dermatology-symposium-o%E2%80%99leary-meeting-2017>

This course will provide a multi-media approach to updating physicians about the current and future care of dermatology patients with both common and rare diseases. Topics presented will include areas of clinical, laboratory, surgical and pediatric dermatology. The information presented will be relevant to dermatopathologists, surgical dermatologists, general dermatologists and pediatric dermatologists. We expect close to 160 attendees at this course.

We would like to offer you an opportunity to display your company's products/services at this event. The exhibit fee for *31st Dermatology Symposium: The O'Leary Meeting* is \$1,500.00 (USD). With this exhibit fee, we will provide a 6' draped table for a display and appropriately recognize your participation to attendees. The display space is available for the duration of the course. Please find the attached program schedule for details on course content and times.

If you are interested in exhibiting at this course, please complete the enclosed exhibit letter of agreement and registration form, include payment (made payable to Mayo Clinic, Federal Tax Identification #41-6011702), and fax to 507.538.7234 or send to Jenna Pederson at pederson.jenna@mayo.edu.

Sincerely,

Jessica McNeill
CME Specialist

Mayo Clinic School of Continuous Professional Development Exhibitor Agreement

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine and Science—
AND:

Activity Title	Dermatology Symposium: The O’Leary Meeting	
Activity Number	2017R575	
Location	DoubleTree Hotel, Rochester, MN	
Dates	September 22-23, 2017	
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		\$1500.00

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
<p>Make payable to: Mayo Clinic Mayo Clinic School of Continuous Professional Development 200 First St SW, Plummer 2-60 Rochester, MN 55905</p> <p>Please identify Dermatology Symposium on the check.</p>	<p>For payment by credit card or wire transfer, please call the MSCPD Registrar at 800-323-2688</p> <p><i>Do not send credit card information via email or fax.</i></p>

Complete and return this form along with your payment made to Mayo Clinic, Federal Tax ID# 41-6011702 before **August 21, 2017** to:

Jenna Pederson
200 First St SW, Plummer 2-60
Rochester, MN 55905
Phone: 507-266-0431 Fax: 507-538-7234 Email: Pederson.jenna@mayo.edu