



July 3, 2018

Dear Potential Exhibitor,

On behalf of Mayo Clinic School of Continuous Professional Development, I am pleased to announce the **Endocrine Update 2019** taking place **February 11-15, 2019** at the **Fairmont Orchid, Kohala Coast, Big Island, Hawaii**.

Endocrine Update 2019 will offer the latest material on the diagnosis and treatment of endocrine disorders. Faculty members are selected from Mayo Clinic for their expertise, knowledge and clinical acumen. We anticipate more than 200 attendees at this year's course.

Mayo Clinic recognizes these types of educational programs would not be possible without your support. We invite you to participate at this educational activity with an exhibit in the amount of \$2,500.00. This fee is for the exhibit space only. Industry exhibitors are provided a draped table with 2 chairs.

In support of ACCME guidelines, exhibitors will be located in a separate area from the educational activity. Exhibit space is limited and located near the food and beverage area for optimal contact during breakfast and breaks.

Course details can be found on the course web site as they become available:

[Endocrine Update 2019](#)

If you are interested in exhibiting at our course, please complete and return the provided Exhibitor Agreement form and payment **before January 25, 2019**. This agreement may be substituted with your company's standard Letter of Agreement form. Please make payment payable to Mayo Clinic and send payment to my attention at the address below. For your convenience, our Federal tax identification number is 41-6011702.

We look forward to the success of our Endocrine Update 2019 course and hope you will be able to join us in Hawaii. If you have any questions or your company requires completion of a web-based application, please feel free to contact me.

Sincerely,

Kris Jones  
Education Administration Coordinator  
Mayo Clinic School of Continuous Professional Development  
200 First Street SW  
Rochester, MN 55905  
[jones.kristen@mayo.edu](mailto:jones.kristen@mayo.edu)  
Phone: 507-266-3071

## Mayo Clinic School of Continuous Professional Development (MCSCP) Exhibitor Agreement

Activity Title	Endocrine Update 2019
Activity Number	19R05817
Location	Fairmont Orchid, Kohala Coast, Big Island, Hawaii
Dates	February 11-15, 2019

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

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	\$2,500.00

**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)

### TERMS AND CONDITIONS

- EXHIBITOR agrees to abide by ACCME Standards for Commercial Support as stated at [www.accme.org](http://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 EXHIBITOR is obligated to provide full payment of all amounts due under this agreement 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.
- If this agreement is cancelled by either party forty-five (45) days or more in advance of the Activity Date, PROVIDER will refund the Exhibit Fee less a \$300 processing fee. If this agreement is cancelled by EXHIBITOR less than forty-five (45) days in advance of the Activity Date, the total amount due under this Agreement shall be immediately due and payable to PROVIDER.
- 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.

**Note: All exhibitors must be approved by MCSCPD and this agreement is not binding until both parties have signed. MCSCPD maintains the right to refuse any exhibitor.**

**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 Clinic School of CPD. Please identify name of course on the check stub.

<input type="checkbox"/> Check Make payable to: Mayo Clinic Mayo Clinic School of Continuous Professional Development 200 First St SW, Plummer 2-60 Rochester, MN 55905  Please identify “ <b>Endocrine Update 2019</b> ” on the check.	<input type="checkbox"/> Credit Card or Wire Transfer For payment by credit card or wire transfer, please call the MCSCPD Registrar at 800-323-2688  <i>Do not send credit card information via email or fax.</i>
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Complete and return this form along with your payment made to Mayo Clinic, Federal Tax ID# 41-6011702 before **January 25, 2019** to:

Kris Jones  
 Mayo Clinic School of Continuous Professional Development  
 200 First Street SW  
 Rochester, MN 55905  
[jones.kristen@mayo.edu](mailto:jones.kristen@mayo.edu)  
 Phone: 507-266-3071