Dear Representative:

On behalf of Mayo Clinic and Mayo School of Continuous Professional Development we are pleased to announce our 19th Annual Mayo Clinic Internal Medicine Update course will be held at the Hilton Sedona Resort at Bell Rock in Sedona, Arizona. Due to the popularity of this course and limited facilities, we offer this program on two separate dates; October 6-9, 2016 and again on October 20-23, 2016. Same great program and faculty, just two different dates. We expect 450 - 500 primary care physicians (internists and family medicine - approximately 250 per session), and other health care professionals.

The 19th Annual Mayo Clinic Internal Medicine Update: Sedona 2016 is a unique four-day course offering primary care physicians, nurse practitioners, and physician assistants a practical update on a variety of subspecialty topics including allergy, cardiovascular diseases, consultative medicine, dermatology, endocrinology, gastroenterology, gynecology, hematology, hepatology, infectious diseases, nephrology, neurology, orthopedics, otolaryngology, preventive medicine, psychiatry, pulmonary, and other topics applicable to today’s practice and patients.

You are invited to participate in this accredited continuing medical education activity as an exhibitor to display your products/services. Exhibit fee is structured as: $4,000 both sessions $2,750 one session; $750 one day/one session; $1,250 one day at each session. If you will participate, please complete the attached exhibitor agreement and return it with your payment (made payable to Mayo Clinic Arizona) to Mayo Continuous Professional Development, Attn: Kristy Badder, 13400 East Shea Boulevard, Scottsdale, AZ 85259. Please denote activity number 2016S184/185 on your correspondence. The Mayo Clinic Tax ID number is 86-0800150; our W-9 form is attached for your convenience.

If you have any questions or would like additional information, please contact Kristy directly at 480-301-4580 or via email: exhibits@mayo.edu.

We sincerely appreciate your consideration of this opportunity and hope to see you this Fall in Sedona!

Sincerely,

Paul D. Snyder, Jr., M.D. 
Juliana M. Kling, M.D. M.P.H.
Mayo School of Continuous Professional Development (MSCPD)
Exhibitor Agreement

<table>
<thead>
<tr>
<th>Activity Title</th>
<th>19th Annual Mayo Clinic Internal Medicine Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Number</td>
<td>2016S484/485</td>
</tr>
<tr>
<td>Location</td>
<td>Hilton Sedona Resort, Sedona, Arizona</td>
</tr>
<tr>
<td>Dates</td>
<td>October 6-9, 2016 and October 20-23, 2016</td>
</tr>
</tbody>
</table>

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine – MSCP 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 $ \_

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both Sessions</td>
<td>4 days each/ 8 in total</td>
<td>$4,000</td>
</tr>
<tr>
<td>One Session</td>
<td>4 days Session Requested:</td>
<td>$2,750</td>
</tr>
<tr>
<td>One Day at Each Session</td>
<td>Exhibit Days Requested:</td>
<td>$1,250</td>
</tr>
<tr>
<td>One Day/One Session</td>
<td>Exhibit Day Requested:</td>
<td>$750</td>
</tr>
</tbody>
</table>

**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 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:

<table>
<thead>
<tr>
<th>Exhibitor Representative Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Mayo Clinic Representative Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kristy Badder</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PAYMENT INFORMATION**

Please indicate your method of payment:

PROVIDER Federal Tax ID number is 86-0800150.

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

<table>
<thead>
<tr>
<th>☐ Check</th>
<th>☐ Credit Card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make payable to Mayo Clinic Arizona and remit to: Mayo School of Continuous Professional Development Attn: Kristy Badder 13400 East Shea Blvd. Scottsdale, AZ 85259 Please identify course #20165484 on the check.</td>
<td>For payment by credit card, please call the MSCPD Registrar at 480-301-4580 Do not send credit card information via email or fax.</td>
</tr>
</tbody>
</table>

**NOTE**: There may be additional charges depending on the meeting location (power, internet access, etc).

*Please list additional requests here:*

Complete and return this form along with your payment made to Mayo Clinic Arizona, Federal Tax ID# 86-0800150 to:

Email: exhibits@mayo.edu

Mail: Mayo School of Continuous Professional Development Attn: Kristy Badder 13400 East Shea Blvd. Scottsdale, AZ 85259 T: 480-301-4580 F: 480-301-9161
Request for Taxpayer Identification Number and Certification

W-9

(Rev. December 2014)

Department of the Treasury
Internal Revenue Service

Give Form to the requester. Do not send to the IRS.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Mayo Clinic Arizona

2. Business name/disregarded entity name, if different from above

3. Check appropriate box for federal tax classification; check only one.

☐ Individual/sole proprietor or
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

- Exempt payee code (if any) ▶
- Exemption from FATCA reporting code (if any) ▶

5. Address (number, street, and apt. or suite no.)

13400 East Shea Boulevard

6. City, state, and ZIP code

Scottsdale, AZ 85259

7. List account number(s) here (optional)

Part I - Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN), however, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

[ ] [ ] [ ]

or

Employer identification number

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Part II - Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

[Signature of U.S. person] [Date 11/14/2016]

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales, certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1099 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1096-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filed-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.