Dear Representative:

On behalf of Mayo Clinic Division of Hematology and Oncology, and Mayo School of Continuous Professional Development, I am pleased to announce “Mayo Clinic Acute and Chronic Leukemias 2016: Practical, Current and Evolving Therapies; Translating Evidence into Practice” will be held Friday and Saturday, October 7-8, 2016 at the Encore at Wynn Las Vegas in Las Vegas, Nevada. We are delighted to have planned this course cooperatively with The Leukemia and Lymphoma Society, Desert Mountain States Chapter.

Our program is a one and a half day comprehensive workshop focusing on challenging scenarios in leukemia diagnosis and treatment. Designed for physicians, physician assistants, nurse practitioners and nurses, program topics will include:

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<th>Disease Specific Discussions On:</th>
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<tr>
<td>Acute Myeloid Leukemia</td>
<td>Chronic Myeloid Leukemia</td>
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<tr>
<td>Acute Lymphocytic Leukemia</td>
<td>Chronic Lymphocytic Leukemia</td>
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<tr>
<td>Myeloproliferative Neoplasms</td>
<td>Palliative Medicine</td>
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<td>Myelodysplastic Syndromes</td>
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Our continuing medical education programs are designed to provide new knowledge, assist in the acquisition and maintenance of professional skills, as well as encourage and facilitate scholarly development of physicians. Mayo Clinic, an integrated, not-for-profit group practice, is committed to meeting its responsibility as a national medical education resource and is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

We invite you to exhibit at this course for the exhibitor fee of $1,500. A signed agreement is required upon commitment exhibitor to secure your space. The exhibit fee should be made payable to Mayo Clinic Arizona – CPD, 13400 East Shea Boulevard, Scottsdale, AZ 85259. Please send the exhibitor agreement and exhibit fee to the attention of Kristy Badder and denote #2016S409-Leukemia on all correspondence. The Mayo Clinic Tax ID number is 86-0800150. Additionally, please do not hesitate to contact Kristy at exhibits@mayo.edu if you require additional information or have any questions regarding exhibiting at the course.

We appreciate your consideration of our request and hope you will participate in this continuing medical education activity.

Sincerely,

Ruben A. Mesa, M.D., F.A.C.P. Liza Z. Sproat, MD
Chair, Division of Hematology & Medical Oncology Assistant Professor of Medicine
Deputy Director, Mayo Clinic Cancer Center College of Medicine
Professor of Medicine Mayo Clinic
Mayo Clinic College of Medicine
Mayo School of Continuous Professional Development (MSCPD)
Exhibitor Agreement

Activity Title | Mayo Clinic Acute and Chronic Leukemias 2016: Practical, Current and Evolving Therapies; Translating Evidence into Practice
Activity Number | 2016S409
Location | Encore at Wynn Las Vegas, Las Vegas, Nevada
Dates | October 7-8, 2016

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine – MSCPAND:

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 $1,500.00

**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:

<table>
<thead>
<tr>
<th>Exhibitor Representative Name</th>
<th>Signature</th>
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<tr>
<th>Mayo Clinic Representative Name</th>
<th>Signature</th>
<th>Date</th>
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<tr>
<td>Kristy Badder</td>
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**PAYMENT INFORMATION**

Please indicate your method of payment:

- ☐ Check
- ☐ Credit Card

**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.

- ☐ Check
  
  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 **2016S409** on the check.

- ☐ Credit Card
  
  For payment by credit card, please call the MSCPD Registrar at 480-301-4580

  *Do not send credit card information via email or fax.*

**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

Print or type all information exactly as shown on your income tax return. Do not leave this line blank.

Mayo Clinic Arizona

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
   - Individual single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Limited liability company
   - For a single-member LLC, do not check LLC; check the appropriate box above for the tax classification of the single-member owner.

5. Address (number, street, and apt. or suite no.): 13400 East Shea Boulevard

Scottsdale, AZ 85259

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 your social security number (SSN); otherwise, 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.

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 a 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/fw9.

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 and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1098-C (canceled debt)
- Form 1099-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 filled-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, you allocable share of any partnership income from a U.S. trade or business is not subject to backup withholding 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.