Greetings,

On behalf of the Mayo School of Continuous Professional Development, we are pleased to announce the Mayo Clinic Pediatric Day 2017. This CME accredited course will be held October 9-10, 2017, at the Chicago Westin Michigan Avenue, Chicago, IL.

The Mayo Clinic Pediatric Days provides general pediatricians, pediatric subspecialists, family physicians, physician assistants, nurses, nurse practitioners and resident physicians with current information on a variety of medical and surgical conditions affecting children and adolescents. Outstanding faculty of Mayo Clinic will offer plenary presentations, round table discussions, and concurrent sessions on a wide variety of topics, including:

- Adolescent Medicine
- Allergy
- Cardiology
- Endocrinology/Obesity
- Dermatology
- Developmental Pediatrics – Including Autism
- Emergency Medicine
- Gastroenterology
- General Pediatrics
- Immunization Practice
- Infectious Disease
- Neonatology
- Nephrology
- Psychiatry
- Pulmonology
- Sports Medicine

We would like to take this opportunity to invite you to participate in this important event, and welcome your financial support. 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 anticipate roughly 250 attendees for this program and have included a link to the course website: ce.mayo.edu (Search: Pediatric Days 2017) for more information.

Exhibit space for the 2-day course is available for $1500. Exhibit set up will occur on Sunday, October 8, 2017 at The Chicago Westin Michigan Avenue Hotel. If you are interested in exhibiting, please review and complete the Exhibitor Registration Form and Letter of Agreement that are attached, and submit with payment by September 10, 2017.
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 $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:

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

☐ Check
☐ 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 Pediatric Days 2017 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 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, Federal Tax ID# 41-6011702 before September 10, 2017 to:
Susan Reigel
200 First St SW, Plummer 2-60
Rochester, MN 55905
T: 507-293-1877, Reigel.susan@mayo.edu