Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine – MCSCPD AND:

<table>
<thead>
<tr>
<th>Activity Title</th>
<th>Mayo Clinic Symposium on Regenerative Medicine &amp; Surgery 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Number</td>
<td>18R06331</td>
</tr>
<tr>
<td>Location</td>
<td>The Westin Kierland Resort &amp; Spa, Scottsdale, AZ</td>
</tr>
<tr>
<td>Dates</td>
<td>November 29- December 1, 2018</td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Address</th>
<th>Telephone</th>
<th>Fax</th>
<th>Email</th>
</tr>
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</table>

The named exhibitor wishes to exhibit at the above named activity for the amount of:
(Letter of invitation includes descriptions)

- $4,000 – general exhibitor

**Friends of Mayo – The named exhibitor wishes to sponsor:**

- $5,000 – Charging Station
- $2,500 – Company insert in the conference bag
- $1,500 – One-quarter page ad in the Program Guide

**Print Deadline is Friday, September 29, 2018**

**TERMS AND CONDITIONS**

- 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.

By signing below, I agree to the “Terms and Conditions” outlined on Page 1 of this Exhibitor Agreement:

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>
</table>

200 First Street SW, Rochester Minnesota 55905 | Telephone: (507) 284-2509 Fax: (507) 538-7234 | ce.mayo.edu
NOTE: There may be additional charges depending on the meeting location (power, internet access, etc).

Exhibitor Registration

☐ I will need electricity – It is your responsibility to set up electrical. Please see Westin WKR Exhibit Order form on Course Website.

Company Name: ________________________________

Name of Primary Exhibitor: 1. ________________________________

Name of Additional Exhibitor: 2. ________________________________

Mailing Address: _______________________________________

City/State/Zip Code: _______________________________________

Telephone Number: ________________________________

Fax Number: _______________________________________

E-mail address: _______________________________________

(*a maximum of two representatives are allowed per exhibit).

PAYMENT INFORMATION
Please indicate your method of payment:

☐ Check

Make payable to: Mayo Clinic – Mayo School of CPD

Mail to:
Mayo Clinic School of Continuous Professional Development
200 First St SW, Plummer 2-60
Rochester, MN 55905

Please identify Regenerative Medicine & Surgery 2018 on the check.

☐ Credit Card or Wire Transfer

For payment by credit card or wire transfer, please call the MCSCP Registrar at 800-323-2688

Do not send credit card information via email or fax.

For your information, the Mayo Tax ID Number is 41-6011702.