September 21, 2017

Dear Exhibitor,

On behalf of course directors, Andy Abril, M.D., Kimberly Parikh, A.R.N.P. and Benjamin Wang, M.D., we hope you will consider a display opportunity at our 4th Annual Rheumatology Review for Primary Care held May 17-19, 2018. We expect around 100 practicing internists, primary care physicians, residents and fellows.

This three-day course provides internists and general practitioners with an up-to-date focus on Rheumatologic disorders and provides a complete general review for rheumatologist and rheumatology Fellows. From this course, participants gain a better understanding of how to recognize and diagnose common rheumatologic disorders, which patients can be managed in their practices and which need referral to a specialist. Residents and fellows will have the opportunity to participate by submitting original studies for poster presentations.

Display fees are $2,000 for all 3 days at the course. Space is limited and table assignments will be made on a first-come, first-served basis depending on the date the signed exhibit agreement letter is received in our office.

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. Our programs provide valuable information on unmet needs to the medical community. We sincerely appreciate your consideration and hope you will take the opportunity to join us for a truly unique educational program.

Lauren Perdue
Education Administration Coordinator
Mayo School of Continuous Professional Development (MSCPD) 
Exhibitor Agreement

<table>
<thead>
<tr>
<th>Activity Title</th>
<th>3rd Annual Rheumatology Review for Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Number</td>
<td>18J05819</td>
</tr>
<tr>
<td>Location</td>
<td>Ritz Carlton, Amelia Island, FL</td>
</tr>
<tr>
<td>Dates</td>
<td>5/17/18-5/19/18</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Company Name (Exhibitor) (as it should appear on printed materials)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhibit Contact (if different then exhibit Rep.)</td>
<td></td>
</tr>
<tr>
<td>Name(s) of Representative(s) exhibiting: (Maximum of two representatives allowed per exhibit)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

The named exhibitor wishes to exhibit at the above named activity for the amount of $ 2,000.00

**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>
<td></td>
</tr>
</tbody>
</table>

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

**PAYMENT INFORMATION**

Please indicate your method of payment:

PROVIDER **Federal Tax ID number** is 59-3337028
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 Florida, CPD
Attn: Lauren Perdue
Stabile 790N
4500 San Pablo Road
Jacksonville, FL 32224

For payment by credit card or wire transfer, please call the MSCPD at 800-462-9633

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

Please identify **18J05819** on the check.

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

*Please list additional requests here:*
W-9
Request for Taxpayer Identification Number and Certification

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

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

Check appropriate box for federal tax classification; check only one of the following seven boxes:
- Individual/sole proprietor or
- C Corporation
- S Corporation
- Partnership
- Trust/estate
- Limited liability company. Enter the tax classification (C=S 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.

Other (see instructions)

5 Address (number, street, apt., or suite no.)
4500 San Pablo Road

City, state, and ZIP code
Jacksonville, FL 32224

List account number(s) (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 others, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number

or

Employer identification number

59 3 3 3 7 0 2 8

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;
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

Date 1/9/2017

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 requestor) 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 1099-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 requestor 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, your allocable share of any backup withholding 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 Which is FATCA reporting? on page 2 for further information.