
Mayo Clinic School of Continuous
Professional Development
200 First Street SW
Rochester, MN 55905

Dear Representative:

On behalf of the Department of Anesthesiology and the Mayo Clinic and Mayo School of Continuous Professional Development, I would like to invite you to exhibit at the upcoming Mayo Clinic Symposium on Anesthesia and Perioperative Medicine course. The course is March 6-9, 2019 at the Westin Mission Hills in Rancho Mirage, CA. Great interest from commercial companies with products and services which will be of interest to our attendees is expected.

The full program schedule is posted to the [course website](#) when it is available. Our collaborative effort is based upon a physician and education planning committee review of several needs assessments compiled from anesthesia professionals, as well as information provided by industry journals. This CME program is designed to provide new knowledge, assist in the acquisition and maintenance of professional skills, and encourage and facilitate scholarly development of physicians.

We expect approximately 130-150 practicing anesthesiologists, nurse anesthetists, anesthesia technicians, and anesthesia assistants from across the country.

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 (AMA).

I am inviting you to exhibit at this meeting for a fee of \$2,000. If you are interested in exhibiting or would like additional details about this program, return a signed letter of agreement before February 1, 2019. If you have questions about the exhibit, please contact Julie Reed, CME Specialist, by e-mailing reed.julie1@mayo.edu or calling 507-266-2821. Please denote project number 19R06035 on your correspondence. The Mayo Clinic tax ID number is 41-6011702.

Sincerely,



Julie Reed
CME Specialist
Reed.julie1@mayo.edu



Mayo Clinic School of Continuous Professional Development (MCSCPD)
Exhibitor Agreement

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine and Science –

Activity Title	Symposium on Anesthesia and Perioperative Medicine
Activity Number	19R06035
Location	Westin Mission Hills, Rancho Mirage, CA
Dates	March 6-9, 2019

MCSCPD 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	\$2,000

NOTE: There may be additional charges depending on the meeting location (power, internet access, etc.).
Please list additional requests here: (please note: additional requests may incur additional fees)

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 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.

Note: All exhibitors must be approved by MCSCPD and this agreement is not binding until both parties have signed. MCSCPD maintains the right to refuse any exhibitor. 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:

Exhibitor Representative Name	Signature	Date
Mayo Clinic Representative Name	Signature	Date

PAYMENT INFORMATION

Please indicate your method of payment:

PROVIDER Federal Tax ID number is 41-6011702.

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

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card or Wire Transfer
Make payable to: Mayo Clinic Mayo Clinic School of Continuous Professional Development 200 First St SW, Plummer 2-60 Rochester, MN 55905 Please identify Anesthesia Symposium on the check.	For payment by credit card or wire transfer, please call the MCSCPD Registrar at 800-323-2688 <i>Do not send credit card information via email or fax.</i>

Complete and return this form along with your payment made to Mayo Clinic, Federal Tax ID# 41-6011702 before **February 1, 2019** to:

Kathy Fuqua
 200 First St SW, Plummer 2-60
 Rochester, MN 55905
 Fuqua.kathy@mayo.edu