



September 22, 2016

Dear Exhibitor,

On behalf of course director W. D. Freeman, M.D., Alfredo Quinones-Hinojosa, M.D., Joon H. Uhm, M.D., Betty Kim, M.D., Ph.D., and Christina Smith, A.R.N.P., we hope you will consider a display opportunity at our ***Mayo Clinic Neuroscience and Oncology Innovation Summit*** held ***September 7-9, 2017***. We expect around 200 Medical providers from a broad array of disciplines including Neurologists, Neurosurgeons, Medical Oncologists, Neuropathologists, Neurointerventional Surgeons, Radiation Oncologists, Pathologists, Nurses, ARNP/PAs, nurses and other healthcare personnel who are interested in this field.

Display fees are \$2,000 for the full three day course. Space is limited and table assignments will be made on a first come, first served basis based 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.

Sincerely,

A handwritten signature in cursive script that reads 'Valerie Fernandez'.

Valerie Fernandez
CME Specialist

Make checks payable to:
Mayo Clinic
Attn: Valerie Fernandez/17J05100
4500 San Pablo Road
Stabile 790N
Jacksonville, FL 32224
Tax ID: 59-3337028



Mayo School of Continuous Professional Development

Activity Title	Mayo Clinic Neuroscience and Oncology Innovation Summit 2017
Activity Number	17J05100
Location	Four Seasons Resort Orlando at Walt Disney World
Dates	September 7-9, 2017

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

Commercial Company (Exhibitor)	
Name of Person(s) Exhibiting – <i>maximum of two representatives allowed per exhibit</i>	
Address	
Telephone	
Fax	
Email	
The named exhibitor wishes to exhibit at the above named activity for the amount of	\$2,000

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.” “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 in the 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 commercial support 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.
- EXHIBITOR may place a formal inquiry about potential sales of products within the exhibit. MSCPD holds the right to provide an exemption based decision on product sales.
- 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.

Payment Information

Please indicate your method of payment:

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Wire Transfer
<p>Make payable to: Mayo Clinic Attn: Tiffany Blake, CPD 4500 San Pablo Rd South Jacksonville, FL 32224</p> <p>Please identify 17J05100 on the check.</p>	<p>Call the Mayo Clinic Registrar at 800-462-9633</p> <p><i>Do not send credit card information via email or fax.</i></p>	<p><i>There is a \$25 fee for wire transfers.</i></p> <p>SENDING BANK: Wire funds, in US dollars, directly to correspondent Thomas.ballard@wellsfargo.com</p> <p>FOR FURTHER CREDIT TO: Wells Fargo Bank, N.A. 733 Marquette Ave, 11th Floor 155 First Avenue SW Minneapolis, MN 55402</p> <p>SWIFT – WFBIUS6S ABA 121000248 Mayo Clinic Jacksonville Transfer Account Account # 2115700031026</p> <p>REFERENCE Course title: 17J05100</p>

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

Exhibitor Representative	Name	Signature
Mayo Clinic Representative	Name	Signature