OPIOID CONFERENCE:
EVIDENCE, CLINICAL
CONSIDERATIONS &
BEST PRACTICE 2019
November 7-9, 2019

Exhibitor Prospectus
Greetings,

On behalf of the Mayo Clinic School of Continuous Professional Development, we are pleased to announce the upcoming **Mayo Clinic Opioid Conference: Evidence, Clinical Considerations and Best Practice 2019** to be held at The Ritz-Carlton, Rancho Mirage, Rancho Mirage, California, November 7-9, 2019.

**Course Overview**
This course aims to highlight the shift in guidelines and public concern regarding the use of opioids in medical practice and provides the most up-to-date information regarding the appropriate indication for opioids in clinical practice. Topics cover the basics of opioids, evidence-based guidelines for opioids, medication monitoring, tapering and legal considerations. In addition, the course covers a broad range of issues, including opioid addiction and difficult patient conversations and guidelines to standardize the practice of opioid prescribing.

**Course Highlights**
- Learn the most up-to-date information regarding the appropriate indication for opioids in clinical practice.
- Discuss the basics of opioids, evidence-based guidelines for opioids, medication monitoring, tapering and legal considerations.
- Address opioid addiction, difficult patient conversations and guidelines to standardize the practice of opioid prescribing.

Mayo Clinic recognizes these types of educational programs would not be possible without your support. We invite you to participate in this educational activity with an exhibit in the amount of $2,000.00. If you are interested in participating in this course, please complete and return the enclosed Exhibitor Agreement form with payment prior to October 15, 2019. Our Provider Federal Tax ID number is 41-6011702.

Thank you in advance for your consideration!

Sincerely,

*Kelly Wilson*
CME Specialist

*Kris Jones*
CME Education Coordinator
EXHIBIT INFORMATION

CONTACT
Kris Jones
Mayo Clinic School of Continuous Professional Development
200 First Street SW
Rochester, MN 55905
Phone: 507-266-3071
E-mail: jones.kristen@mayo.edu

HOURS AND SET-UP
Exhibit Hours:
November 7, 6:00 a.m. to 12:15 p.m.
November 8, 7:00 a.m. to 12:00 p.m.
November 9, 7:00 a.m. to 12:00 p.m.
Each day includes dedicated breakfast and break time for attendees to interact with company representatives.

Set up: Wednesday, November 6 between 4:30–6:30 p.m., or anytime Thursday, November 7.

COURSE SCHEDULE
The program schedule* along with additional course details will be available on our course website in the coming months.

*subject to change

PAPERWORK
Please complete the letter of agreement found at the end of this document and return to jones.kristen@mayo.edu with payment to confirm your exhibit space.

COST
STANDARD TABLE: $2,000
• 6’ table with (2) chairs (to be chosen on a first-come, first-serve basis during setup)
• Receive a list of conference attendees on day 2 of the course
• Designated as a sponsor, displayed during break times, and in on-line material
• Access to networking opportunities throughout the course
• Vendors will be allowed to exhibit during all meals and break times throughout the course

MAKE CHECK PAYABLE TO:
Mayo Clinic – Opioid Conference 19R06040
Mayo Clinic School of Continuous Professional Development
200 First St SW, Plummer 2-60
Rochester, MN 55905

CREDIT CARD PAYMENTS:
Please call 800-323-2688 and reference Opioid Conference; Activity ID: 19R06040
Mayo Clinic School of Continuous Professional Development (MCSCPD)
Exhibitor Agreement

<table>
<thead>
<tr>
<th>Activity Title</th>
<th>Mayo Clinic Opioid Conference: Evidence, Clinical Considerations and Best Practice 2019</th>
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<tbody>
<tr>
<td>Activity Number</td>
<td>19R06040</td>
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<tr>
<td>Location</td>
<td>The Ritz-Carlson, Rancho Mirage</td>
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<tr>
<td>Dates</td>
<td>November 7-9, 2019</td>
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Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine and Science – 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 | $2000.00 |

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:

<table>
<thead>
<tr>
<th>Exhibitor Representative Name</th>
<th>Signature</th>
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<th>Mayo Clinic Representative Name</th>
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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 Clinic School of CPD. Please identify name of course on the check stub.

☐ Check

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

Please identify **OPIOID CONFERENCE - 19R06040** on the check.

☐ Credit Card or Wire Transfer

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

_Do not send credit card information via email or fax._

Complete and return this form along with your payment made to Mayo Clinic, Federal Tax ID# 41-6011702 before **October 15, 2019** to:

Kris Jones
200 First St SW, Plummer 2-60
Rochester, MN 55905
T: 507-266-3071
E: jones.kristen@mayo.edu