



September 14, 2017

Dear Potential Exhibitor:

On behalf of course directors Daniel Montero, M.D. and George G.A. Pujalte, M.D. we hope you will consider a display opportunity at our upcoming course offering, Sports Medicine for the Primary Care Clinician. This course is held **February 23-25, 2018** at **Disney Yacht & Beach Club Resort in Lake Buena Vista, FL**. We expect around 100 attendees. This course is designed for family physicians, internists, sports medicine physicians, ARNPs, PAs, physiatrists, pediatricians, ER physicians, medical providers in a clinic or nonoperative/nonsurgical/noninvasive setting involved in the care and management of athletes and active individuals.

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.

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 17.75 *AMA PRA Category 1 Credit(s)*TM for this course.

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,
Denise Klarich

A handwritten signature in cursive script that reads 'Denise L. Klarich'.

Education Administration Coordinator
Make checks payable to:

Mayo Clinic
790 N Stabile Bldg./CPD
Attn: Denise Klarich – SM
4500 San Pablo Road
Jacksonville, FL 32224

Mayo School of Continuous Professional Development (MSCPD) Exhibitor Agreement

Activity Title	Sports Medicine for the Primary Care Clinician 2018
Activity Number	18J05733
Location	Disney Yacht & Beach Club Resort in Lake Buena Vista, FL
Dates	February 23-25, 2018

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

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 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:

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 59-3337028

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

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
Make payable to: Mayo Clinic Florida Mayo School of Continuous Professional Development Stable 790N Attn: Denise Klarich/SM 4500 San Pablo Road Jacksonville, FL 32224 Please identify 18J05733 on the check.	For payment by credit card, please call the MSCPD office at 800-462-9633 <i>Do not send credit card information via email or fax.</i>

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

Please list additional requests here:

Sports Medicine for the Primary Care Clinician 2018

February 23-25, 2018

Disney Yacht & Beach Club Resorts

Friday, February 23, 2018	
7:15 a.m.	Registration/Continental Breakfast/Exhibit Hall Electronic Poster Presentations
7:45 a.m.	Introduction/Pretest
	Moderator: Daniel P. Montero, M.D., C.A.Q.S.M. Demystifying the Magic: What Happens in Therapy
8:00 a.m.	Common Shoulder Conditions in Primary Care <i>George G.A. Pujalte, M.D., F.A.C.S.M., C.A.Q.S.M.</i>
8:30 a.m.	Basic Physical Therapy for Common Shoulder Conditions <i>Irvin (Scott) Haak, P.T., D.P.T.</i>
9:00 a.m.	Common Knee Conditions in Primary Care <i>Sara E. Filmalter, M.D., C.A.Q.S.M.</i>
9:30 a.m.	Basic Physical Therapy for Common Knee Conditions <i>Edsel B. Bittencourt, P.T.</i>
10:00 a.m.	Q&A Panel
10:20 a.m.	Break/Exhibit Hall
10:30 a.m.	Elbow Conditions: It's Not All "Tennis Elbow" <i>George G.A. Pujalte, M.D., F.A.C.S.M., C.A.Q.S.M.</i>
11:00 a.m.	Occupational Therapy Approaches to Common Elbow Conditions <i>Thomas G. Berger, P.T., C.H.T., D.P.T.</i>
11:30 a.m.	Hand and Wrist Conditions in Primary Care <i>Walter C. Taylor, III, M.D., C.A.Q.S.M.</i>
Noon	Basic Occupational Therapy for the Hand and Wrist <i>James Braxton, M.A., O.T., C.H.T.</i>
12:30 p.m.	Posttest/Q&A Panel
12:50 pm	Adjourn
Workshops – Additional Fee	
1:30–2:30 p.m.	Room: General Session The Upper Extremity Exam of Athletes and Active Individuals <i>Walter C. Taylor, III, M.D., C.A.Q.S.M.</i>
1:30–2:30 p.m.	Room: Asbury A. Basic Osteopathic Manipulation Therapy for Primary Care <i>Kristina F. DeMatas, D.O., C.A.Q.S.M.</i>
2:30–3:30 p.m.	Room: Asbury A. The Physical Exam of the Knee, Ankle, and Foot <i>Sara E. Filmalter, M.D., C.A.Q.S.M.</i>
2:30–3:30 p.m.	Room: Asbury B. The Evaluation, Physical Examination, and Treatment Options of the Concussed Athlete <i>Jennifer R. Maynard, M.D., C.A.Q.S.M.</i>
3:30 p.m.	Adjourn

Program Schedule is subject to change without notice

Sports Medicine for the Primary Care Clinician 2018
February 23-25, 2018
Disney Yacht & Beach Club Resorts

Saturday, February 24, 2018	
7:30 a.m.	Continental Breakfast/Exhibit Hall Electronic Poster Presentations
7:55a.m.	Introduction/Pretest
Moderator: George G.A. Pujalte, M.D., F.A.C.S.M., C.A.Q.S.M. Sports-Specific Care: Helping Your Patients Continue Playing The Sports They Love	
8:00 a.m.	Back to the Swing of Things: the Basics of Golf Medicine <i>Bruce J. Thomas, II, M.D.</i>
8:50 a.m.	Get a Grip: How to Treat Your Injured Tennis Players <i>Walter C. Taylor, III, M.D., C.A.Q.S.M.</i>
9:40 a.m.	Q&A Panel
9:50 a.m.	Break/ Exhibit Hall
10:00 a.m.	Football Sports Medicine: Beyond the Simple Bumps and Bruises <i>Scott T. Marberry, M.D.</i>
10:50 a.m.	Play Ball! Baseball Injuries and How to Treat Them <i>Jennifer R. Maynard, M.D., C.A.Q.S.M.</i>
11:40 a.m.	PostTest/Q&A Panel
Noon	Adjourn
Workshops – Additional Fee	
1:00–3:00 p.m.	Room: General Session. Musculoskeletal Injections Hands-On <i>Daniel P. Montero, M.D., C.A.Q.S.M.</i>
1:00-3:00 p.m.	Room: Asbury A. Basic MSK Ultrasound for Primary Care <i>James C. Presley, M.D.</i>
1:00–2:00 p.m.	Room: Asbury B. The Lower Back Exam of Athletes and Active Individuals <i>Bruce J. Thomas, II, M.D.</i>
3:00 p.m.	Adjourn

Sunday, February 25, 2018	
7:30 a.m.	Continental Breakfast/Exhibit Hall Electronic Poster Presentations
7:55 a.m.	Introduction/Pretest
Moderator: Kristina F. DeMatas, D.O., C.A.Q.S.M. Reasons for Referral: Appropriate Referrals To The Specialists	
8:00 a.m.	When Aches and Pains Are No Longer Just Sports-Related <i>Ronald R. Butendieck, Jr., M.D.</i>
8:50 a.m.	When and How Spine Injections May Help <i>Mark Friedrich B. Hurdle, M.D.</i>
9:40 a.m.	Q&A Panel
9:50 a.m.	Break/Exhibit Hall
10:00 a.m.	Regenerative Medicine: What The Evidence Shows It Could Do For Athletes

Program Schedule is subject to change without notice

Sports Medicine for the Primary Care Clinician 2018

February 23-25, 2018

Disney Yacht & Beach Club Resorts

	and Active Individuals <i>Shane A. Shapiro, M.D., C.A.Q.S.M.</i>
10:50 a.m.	Athletes and Active Individuals with Hip Pain and When to Refer to Orthopedic Surgery <i>Matthew Crowe, M.D.</i>
11:40 a.m.	Post-Test/ Q&A Panel
Noon	Adjourn

Program Schedule is subject to change without notice

MAYO CLINIC
4500 San Pablo Road
Jacksonville, FL 32224

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U.S. POSTAGE
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MAYO CLINIC



SPORTS MEDICINE

FOR THE PRIMARY CARE CLINICIAN 2018

This conference will allow participants to fill in gaps in their residency training, and reinforce their existing knowledge of the diagnosis and treatment of musculoskeletal conditions. Topics discussed include musculoskeletal conditions and procedural techniques that primary care clinicians can use for athletes and active individuals.

DISNEY YACHT & BEACH CLUB RESORTS / LAKE BUENA VISTA, FLORIDA

FEBRUARY 23–25, 2018

CE.MAYO.EDU/SPORTSMEDPRIMCARE2018

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Mayo Clinic School of Continuous Professional Development

2nd Annual

SPORTS MEDICINE

FOR THE PRIMARY CARE CLINICIAN 2018

17.75
AMA PRA
CATEGORY 1
CREDITS™

**DISNEY'S YACHT & BEACH CLUB RESORT
ORLANDO, FL**

FEBRUARY 23–25, 2018

CE.MAYO.EDU/SPORTSMEDPRIMCARE2018

COURSE HIGHLIGHTS

- This conference will give attendees the confidence to accurately diagnose and treat sports-related conditions and the knowledge to determine appropriate testing and referral criteria.
- The course will supplement skills learned in residency and allow participants to fill in gaps in their training.
- Didactics will reinforce existing knowledge of musculoskeletal conditions' diagnosis and treatment.
- Topics discussed include musculoskeletal conditions and procedural techniques that primary care clinicians can use for athletes and active individuals.

TARGET AUDIENCE

This course is designed for family physicians, internists, sports medicine physicians, ARNPs, PAs, physiatrists, pediatricians, ER physicians, orthopedists and medical providers in a clinic or nonoperative/nonsurgical/noninvasive setting involved in the care and management of athletes and active individuals.

LEARNING OBJECTIVES

Upon conclusion of this program, participants should be able to:

- Develop a more comprehensive understanding of diagnostic modalities to address sports medicine injuries with the ability to correctly order the test(s) that provide the most useful information at the least cost
- Improve skills in determining an athlete's ability to return to sports and regular activities after injury
- Determine physical exams and testing appropriate for sports injuries commonly seen in the primary care setting
- Treat sports injuries commonly encountered in the primary care setting, with consideration given to athletes and active individuals and the need for additional expeditious testing or referral to specialists

COURSE DIRECTORS

Daniel P. Montero, M.D., C.A.Q.S.M., F.A.A.F.P.
George G.A. Pujalte, M.D., C.A.Q.S.M., F.A.C.S.M.

Co-Course Directors

Kristina F. DeMatas, D.O., C.A.Q.S.M.
Sara E. Filmlalter, M.D., C.A.Q.S.M.

REGISTRATION FEES

\$595	Physicians/Scientists
\$495	Residents, Physician Assistants and Nurse Practitioners
\$75/\$90/\$100	Additional Workshops

CANCELLATION POLICY

Visit ce.mayo.edu/cancellation for more information.

ABSTRACTS

Visit ce.mayo.edu/sportsmedprimcare2018 or email FLACMEABSTRACTS@mayo.edu for more information.

PROGRAM SCHEDULE

A complete program agenda can be found at:

CE.MAYO.EDU/SPORTSMEDPRIMCARE2018

LODGING ACCOMMODATIONS

Disney's Yacht & Beach Club Resort

1700 Epcot Resorts Blvd
Lake Buena Vista, FL 32830
(407) 939-4686

Reserve your room by calling or [book online](#). In order to receive the special rate starting at \$269 per night plus applicable taxes (limited number available), reservations must be made before the room block sells out or before the expiration date of January 23, 2018, whichever comes first. Please identify yourself as a participant of the Mayo Clinic Sports Medicine course.

CREDIT

Mayo Clinic College of Medicine and Science is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Mayo Clinic College of Medicine and Science designates this live activity for a maximum of 17.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AAFP Application for CME credit has been filed with the American Academy of Family Physicians. **Determination of credit is pending.**

AOA This program has been accredited by the American Osteopathic Association for 17.75 credits of AOA Category 2-A.

Other Health Care Professionals A certificate of attendance will be provided to other health care professionals for requesting credits in accordance with state nursing boards, specialty societies, or other professional associations.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Mayo Clinic Jacksonville	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C 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. <input checked="" type="checkbox"/> Other (see instructions) ▶ 501 (c) (3) tax-exempt nonprofit corporation	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 1 Exemption from FATCA reporting code (if any) A <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) 4500 San Pablo Road	
	6 City, state, and ZIP code Jacksonville, FL 32224	
	7 List account number(s) here (optional)	
	Requester's name and address (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 other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number										
			-				-			
or										
Employer identification number										
5	9	-	3	3	3	7	0	2	8	

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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; and
- I am a U.S. citizen or other U.S. person (defined below); and
- 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	Signature of U.S. person ▶ <i>Matthew Tugger</i>	Date ▶ <i>1/9/2017</i>
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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/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) 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 requester 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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 partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.