

**Mayo Clinic Course on
Hematology, Oncology & Blood &
Marrow Transplant for NPs & PAs**

Mayo Clinic
Siebens Medical Education Building
Phillips Hall
100 2nd Avenue SW
Rochester, MN

Friday-Sunday
September 7-9, 2018



Greetings,

On behalf of Mayo Clinic School of Continuous Professional Development, we are pleased to announce the upcoming CME Course, the Mayo Clinic Course on Hematology, Oncology & Blood & Marrow Transplant for NPs & PAs. This course will be held September 7-9, 2018, at the Mayo Clinic in Rochester, Minnesota. In the letter below, you will find important information regarding exhibiting at the course.

PROGRAM OVERVIEW

This program provides NPs and PAs with cutting-edge information on caring for patients in Oncology, Hematology, and Blood and Marrow Transplant for the novice and seasoned provider and features:

- Approximately 6.5 hours pharmacology content
- Infectious Disease Pre-Conference Workshop
- Panel Q&A sessions to address real world problems encountered in daily practice
- Lunchtime topical networking tables with clinical expert faculty
- Wine and cheese networking event on Saturday evening

As a world renowned medical center striving for excellence in patient care, innovation and research, come and learn with your fellow NPs & PAs about the active roles that advanced practice providers are playing in advancing the constantly evolving fields of Hematology, Oncology and Blood and Marrow Transplant.

Additional information may be found at the course website at <https://ce.mayo.edu/nppahemoncbmt2018>
The fee to display at the Hematology, Oncology and BMT for NPs & PAs course is \$2,000.

Exhibit Opportunity

We've attached Mayo's required **Exhibitor Agreement**. In order to be listed as an exhibitor at this course, this signed letter must be returned to us, along with your check, by September 1, 2018. Retain one signed copy for your files and return the other along with payment (made payable to Mayo Clinic, Federal ID #41-6011702) to Kathy Fuqua, Mayo Clinic School of Continuous Professional Development, Plummer Building 2-60, 200 1st Street SW, Rochester, MN 55905.

We look forward to your support. If you have any questions or if there are "company-specific" forms that need to be completed, please contact Kathy Fuqua by telephone at 507-266-9815 or via email at Fuqua.kathy@mayo.edu

Thank you for your consideration and we look forward to a favorable reply.

Sincerely,
Vicki Meyer
CME Specialist

Exhibitor Information

Overview

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AUDIENCE

We expect 100 attendees at the Hematology, Oncology and BMT for NPs & PAs course. This conference is applicable to NPs, PAs, APNs, Nurses and Allied Health Professionals.

ATTENDEE LIST

Exhibitors will be provided and attendee list with the following attendee information.

-
- First/Last Name
 - Credentials
 - City, State

Dates

Friday-Sunday, September 7-9, 2018

Website

<https://ce.mayo.edu/nppahemoncbmt2018>

Location

Mayo Clinic
Siebens Medical Education Building
Phillips Hall, 1st Floor
100 2nd Avenue SW
Rochester, MN 55905

Price

\$2,000 exhibit fee includes one 6 foot table and two chairs. Exhibitors are invited to participate in all food and beverage events, which include breakfast, lunch, refreshment breaks and reception. Up to two (2) company representatives may attend.

Exhibit Area

Exhibitors will be placed in the Foyer, located just outside Phillips Hall with the refreshments.

Set-Up

Set up will be Friday, September 7th between 10:00 a.m.–12:00 p.m.

Hours

September 7th from 12:00–5:00 p.m.
September 8th from 7:00 a.m.-5:00 pm.
September 9th from 7:00 a.m. to 3:00 p.m.



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

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of
Medicine - MCSCPD AND:

Activity Title	Hematology, Oncology and BMT for NPs & PAs	
Activity Number	18R05770	
Location	Mayo Clinic, Rochester, MN	
Dates	September 7-9, 2018	
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		
Special needs (power, dietary)		
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 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
<p>Make payable to: Mayo Clinic Mayo Clinic School of Continuous Professional Development 200 First St SW, Plummer 2-60 Rochester, MN 55905</p> <p>Please identify the Hematology, Oncology & BMT course on the check.</p>	<p>For payment by credit card or wire transfer, please call the MCSCPD Registrar at 800-323-2688</p> <p><i>Do not send credit card information via email or fax.</i></p>