



May 1, 2015

Dear Potential Exhibitor,

On behalf of Mayo Clinic, Mayo School of Continuous Professional Development, and course directors, Nathan A. Jacobson, D.O., and Mary Jo Kasten, M.D., I am pleased to announce the 89th Annual Clinical Reviews course which will be held October 26-28 and November 9-11, 2015, at the Mayo Civic Center in Rochester, MN.

This course is designed to update physicians, residents, physician assistants and nurse practitioners on the latest recommendations involving medical subspecialties important for primary care physicians. The program format includes lectures, panel and luncheon roundtable discussions, as well as concurrent evening sessions. Additional course details may be found on the course website: <https://ce.mayo.edu/internal-medicine/node/3688> (October) and <https://ce.mayo.edu/internal-medicine/node/1279> (November).

Mayo Clinic recognizes these types of educational programs would not be possible without your support. We invite you to participate in these educational activities with an exhibit in the amount of \$2,500.00 for one session (October or November), or \$4,800.00 for both sessions. All companies are invited to exhibit at our course.

If you are interested in exhibiting, **please complete and return the provided Exhibitor Agreement form and payment before October 1, 2015.** This agreement may be substituted with your company's standard Letter of Agreement Form. Please make payment payable to Mayo Clinic and send payment to my attention at the address below. For your convenience, our Federal tax identification number is 41-6011702.

In support of ACCME guidelines, exhibitors will be located in a separate area from the educational activity. Participating exhibitors will be allowed to set up at the Mayo Civic Center on the Sunday prior to the course between 4:00-6:00 PM or anytime Monday, October 26 and/or November 9, 2015.

We look forward to the success of the 89th Annual Clinical Reviews, and hope you will be able to join us. If you have any questions or your company requires completion of a web-based application, please feel free to contact me.

Sincerely,

Shannon Halvorson
Education Administration Coordinator
Mayo School of Continuous Professional Development
200 First Street SW
Plummer 2-60
Rochester, MN 55905
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Phone: 507-293-2103
Fax: 507-284-5370



Mayo School of Continuous Professional Development

Exhibitor Agreement Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: **89th Annual Clinical Reviews 2015**

Location: **Mayo Civic Center, Rochester, MN** Date(s) **October 26-28 and/or November 9-11, 2015**

Please indicate your preferred choice below:

October 26-28, 2015 Yes No November 9-11, 2015 Yes No

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

EXHIBITOR: _____
Telephone _____ Fax _____ Email _____

The named EXHIBITOR wishes to exhibit at the above named activity for the amount of \$2,500.00 for one session or \$4,800.00 for both sessions.

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 not distribute promotional materials. Distribution of pharmaceuticals or other 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 sponsor, 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.
- PROVIDER **Federal Tax ID number is 41-6011702.**
Please remit check payable to: **Mayo Clinic.** Please identify course name on the check stub.

AGREED

EXHIBITOR Representative: _____
(Name) (Signature)

PROVIDER Representative: _____
200 First Street SW (Signature)
Rochester, MN 55901