



200 First Street SW
Plummer 2-60
Rochester, Minnesota 55905

**Mayo School of Continuous
Professional Development**

Greetings,

On behalf of the Mayo School of Continuous Professional Development, we are pleased to announce the **Mayo Clinic Hot Topics in Family Medicine** course, taking place on **October 14, 2016** at the St. James Hotel in Red Wing, MN.

The opportunity for health care providers to meet with various representatives to discuss products and services is often limited. As a colleague and key representative in an ever-changing health care industry, we invite you to participate in our program to share information with our attendees. We are expecting approximately 75-100 attendees for this course. ***We will have exhibits as part of the program and the fee to display at this course is \$750.***

If you are interested in exhibiting at this educational activity, please return the enclosed registration form and letter of agreement to the address on the form. For your information, the Mayo Tax ID Number is 41-6011702, please make checks payable to Mayo Clinic and include the course name on the check stub.

If you have any questions about our program or need additional information, please feel free to contact us.

Sincerely,

Lisa Winter
CME Specialist

(Please print/type information exactly as you want it to appear on the name tag.)

Company Name: _____

Name of Primary Exhibitor: 1. _____

Name of Additional Exhibitor: 2. _____

Mailing Address: _____

City/State/Zip Code: _____

Telephone Number: _____

Fax Number: _____

E-mail address: _____

*(*a maximum of two representatives are allowed per exhibit).*

For your information, the Mayo Tax ID Number is 41-6011702. Please make checks payable to Mayo Clinic and include the course name on the check.

Our company will: *(please check the appropriate box)*

- ☐ Support this course with an exhibit fee \$ 750.00.
- ☐ Decline to participate at this time. Please keep my name and address on file for future opportunities.
- ☐ Please remove my name from your files.

Display Information: A 6' table will be provided for your exhibit.

Complete and return this form along with a company check to:

Lisa Winter
Mayo School of CPD
Plummer 2-60
200 First Street, SW
Rochester, MN 55905
FAX: 507-538-7234
E-mail: winter.lisa@mayo.edu



Mayo School of Continuous Professional Development (MSCPD)
Exhibitor Agreement

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

Activity Title	Hot Topics in Family Medicine		
Activity Number	2016R564		
Location	St. James Hotel, Red Wing, MN		
Dates	October 14, 2016		
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			\$750.00

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 School of CPD. Please identify name of course on the check stub.

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card or Wire Transfer
Make payable to: Mayo Clinic Mayo School of Continuous Professional Development 200 First St SW, Plummer 2-60 Rochester, MN 55905 Please identify course name on the check.	For payment by credit card or wire transfer, please call the MSCPD Registrar at 800-323-2688 <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:

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

<p>Lisa Winter Mayo School of CPD Plummer 2-60 200 First Street, SW Rochester, MN 55905 FAX: 507-538-7234 E-mail: winter.lisa@mayo.edu</p>
