



4TH ANNUAL DERMATOLOGY FALL CONFERENCE

Exhibitor Packet

LOCATION

Taylor Auditorium – Concourse Level
13400 East Shea Boulevard
Scottsdale, Arizona 85259
(480) 301-4580

For questions contact: EXHIBITS@MAYO.EDU

REGISTER NOW

MAYO CLINIC
SCOTTSDALE, ARIZONA
NOVEMBER 3, 2018

CE.MAYO.EDU/DERMATOLOGY/NODE/56919

2018 Mayo Foundation for Medical Education and Research.



Mayo Clinic School of Continuous Professional Development

13400 East Shea Boulevard
Scottsdale, Arizona 85259
480-301-4580

Dear Representative,

We, and the Mayo Clinic and Mayo Clinic School of Continuous Professional Development, would like to invite you to exhibit at our **4th Annual Mayo Clinic Dermatology Fall Conference** course being held at the Mayo Clinic Taylor Auditorium in Scottsdale, Arizona, on November 3, 2018. We expect approximately 75 Physicians, Physician Assistants and Nurse Practitioners to be in attendance.

Now in its 4th year, the Mayo Clinic Fall Dermatology Conference will discuss comprehensive diagnosis and management of dermatomyositis. This course is designed to close the gap in knowledge and practice in dermatomyositis. The lectures will focus on the clinical and molecular features of dermatomyositis, diagnosis and monitoring of muscle disease, treatment of skin and muscle disease, and complications. Attendees are invited to bring patient questions regarding cases to discuss diagnosis, management and associated testing during the open forum panel. Throughout the course, **1.5 hours have been protected as dedicated exhibitor time for attendees and industry to visit one-on-one.**

The fee to exhibit at this course is \$2,000. Space is limited; early registration is encouraged. To maintain a clear separation of promotion from education, all exhibits will be held in a different room/location than where the general sessions are held. Exhibits are open from registration until the conclusion of the final lecture on the last day. The basic exhibit fee will include a 6' skirted table for a table top display; the attendee list including name, degree, city, state to be distributed at the course; and an acknowledgement with signage and announcements during the course.

****NEW – Mayo Clinic now offers sponsorship opportunities for industry support! Please refer to the attached sponsorship description page for more information!**

A signed and returned exhibitor agreement (attached) will confirm your exhibit space. Payment may be completed by sending your check made payable to (Mayo Clinic Arizona), Mayo School of Continuous Professional Development, Attn: Kristy Badder, 13400 East Shea Boulevard, Scottsdale, AZ 85259. Please denote course activity# **18S06191** on all correspondence. The Mayo Clinic Tax ID number is 86-0800150.

If you have any questions about our program or need additional information, please don't hesitate to contact us directly at 480- 301-4580 or send an e-mail to Kristy Badder, exhibits manager, at Exhibits@Mayo.edu.

Our programs provide valuable information on unmet needs to the medical community. It is not possible to hold these meetings without significant contributions from industry like yours. We sincerely appreciate your consideration of this opportunity to join us for a truly unique educational program.

Sincerely,

Mark R. Pittelkow, M.D.
Mayo Clinic Arizona
Professor of Dermatology

Aaron R. Mangold, M.D.
Mayo Clinic Arizona
Assistant Professor of Dermatology

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

Activity Title	4th Annual Mayo Clinic Dermatology Fall Conference
Activity Number	18S06191
Location	Mayo Clinic Campus, 13400 East Shea Blvd., Scottsdale, Arizona
Exhibit Dates	November 3, 2018

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:	\$2,000	
<u>Sponsorship Opportunities</u>		
<input type="checkbox"/> Lanyards (limited to one organization)	\$2,000	
<input type="checkbox"/> Drawstring Bags (limited to one organization)	\$3,000	
<input type="checkbox"/> Conference Bag Inserts (multiple opportunities available)	\$1,500	
TOTAL AMOUNT	\$	

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 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.
- 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:

Exhibitor Representative Name	Signature	Date
Mayo Clinic Representative Name	Signature	Date
Kristy Badder		

PAYMENT INFORMATION

Please indicate your method of payment:

PROVIDER **Federal Tax ID number is 86-0800150.**

Please remit check payable to: **Mayo Clinic Arizona.** 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 Arizona and remit to:</p> <p>Mayo Clinic School of Continuous Professional Development Attn: Kristy Badder 13400 East Shea Blvd. Scottsdale, AZ 85259</p> <p>Please identify course 18S06191 on the check.</p>	<p>For payment by credit card or wire transfer, please call the MCSCPD Registrar at 480-301-4580</p> <p><i>Do not send credit card information via email or fax.</i></p>

Complete and return this form along with your payment made to Mayo Clinic Arizona,
Federal Tax ID# 86-0800150 to:

Mayo Clinic School of Continuous Professional Development
Attn: Kristy Badder
13400 East Shea Blvd.
Scottsdale, AZ 85259
T: 480-301-4580 F: 480-301-9161

Mayo Clinic School of Continuous Professional Development (MCSCPD) Sponsorship Opportunities

Lanyards - \$2,000.00 (sponsor provided pre-printed lanyards; limited to one organization)

Every attendee is required to wear a name badge, so what better way to advertise your company than with your logo on a lanyard! Why ruin a perfectly good shirt with a pin hole from a name badge, when they could be wearing it on your company lanyard! (Quantity to be determined 60 days before course)

Drawstring Bags - \$3,000.00 (sponsor provided pre-printed drawstring bags; limited to one organization)

Help keep course attendees organized by providing them with a drawstring bag to carry their course materials in with your company's logo on it! Drawstring bags to be provided by sponsor; artwork and bag are subject to MCSCPD approval. (Quantity to be determined 60 days before course)

Conference Bag Inserts - \$1,500.00 each (multiple opportunities available)

Conference bag inserts are a great opportunity to invite attendees to your table, announce your table participation or conference-related event. Your company will provide copies of the flyer or advertisement (no larger than 8

½ x 11, no more than one page) and MCSCPD will include them with the attendee conference materials. A limited number of bag inserts are permitted, so early reservation is encouraged. Artwork is subject to MCSCPD approval. (Quantity to be determined 60 days before course)

**** Interested in one of our sponsorship opportunities?! Contact MCSCPD for further information at mca.cme@mayo.edu or 480-301-4580.**

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Mayo Clinic Arizona		
2 Business name/disregarded entity name, if different from above		
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its 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.) See instructions. 13400 East Shea Boulevard		Requester's name and address (optional)
6 City, state, and ZIP code Scottsdale, AZ 85259		
7 List account number(s) here (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
8	6	-	0	8	0	0	1	5	0

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 for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

1-2-18

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.

4th Annual Dermatology Fall Conference

Program Schedule

Saturday, November 3, 2018

7:00 a.m.	Registration & Breakfast with Exhibitors
8:00	Welcome & Introduction
8:05	Clinical Phenotypes, Auto-antibody Profiles and Associated Risks in Dermatomyositis David Fiorentino, M.D.
9:05	Case Presentations: MDA5 DM case, PL12 with ILD/Anti-synthetase, TIF Course Faculty
9:35	Q&A and Case-Based Questions from Attendees Course Faculty
10:00	Refreshment Break with Exhibitors
10:30	Approach to Myositis - Case-based Approach to Myositis Julie A. Khoury, M.D.
Multidisciplinary Session: How I Manage DM	
11:00	How I Manage the Skin David Fiorentino, M.D.
11:30	How I Manage the Muscle..... Julie A. Khoury, M.D.
12:00 p.m.	Cancer Screening Lester E. Mertz, M.D.
12:30	Q&A and Case-Based Questions from Attendees Course Faculty
1:00	Adjourn