

Charlene R. Tri

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November 17, 2014

Dear Potential Exhibitor:

We are pleased to inform you that we have finalized the program for the 2013 Mayo Clinic symposium ***Cardiac Rhythm Device Summit 2015*** and hope that you will be able to join us. *Cardiac Rhythm Device Summit* will be held **June 26-28, 2015** at the **Swissotel in Chicago, IL**. Drs. Paul Friedman, Yong-Mei Cha and David L. Hayes are the program directors.

The program will update attendees on the indications, follow up, and management of cardiac rhythm technology, emphasizing clinical pearls while simultaneously providing information that we believe will be directly applicable to standardized testing. The symposium is designed for physicians, scientists and allied staff including nurse practitioners, physician assistants, and nurses who are specialized in cardiology, cardiac rhythm management or internal medicine.

We invite you to participate in our program with an educational display of your products and/or services. The exhibit fee for this conference is \$2,000. You will be provided with an 8' draped table and will be appropriately recognized for your participation to our attendees in course materials. Continental breakfasts and refreshment breaks will be available in the exhibit area to encourage participant interaction with industry representatives. The program will follow ACCME industry guidelines.

To participate in this program, please complete/sign the enclosed Exhibitor Agreement by **May 29, 2015**. The funds (made payable to Mayo Clinic, Federal ID # 41-6011702) may be received **no later than June 12, 2015**. Space is limited; early registration is advised. Please return your completed/signed Agreement to the meeting assistant, Ms. Jane Juenger, at the address/fax listed below.

Mayo Clinic
ATTN: Jane Juenger
200 1st Street SW – Gonda 6
Rochester, MN 55905
Fax: 507-538-0146

We hope you are able to join us for this long-standing and informative educational meeting. If you have any additional questions regarding this meeting, please feel free to contact me at (507) 284-6732 or via e-mail at ctri@mayo.edu.

With best regards,



Charlene R. Tri
Cardiovascular CME Coordinator

Enclosures



Mayo School of Continuous Professional Development (MSCPD)

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: Cardiac Rhythm Device Summit

Activity Number: C52015R792

Location: Swissotel, Chicago, IL

Date(s) June 26-28, 2015

Agreement between: ACCREDITED PROVIDER (PROVIDER):

Mayo Clinic College of Medicine – Mayo School of CPD

AND

Name of Commercial Company (EXHIBITOR): _____
(as it should appear on printed materials)

Name of Person Exhibiting: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

The named EXHIBITOR wishes to exhibit at the above named activity for the amount of \$2,000

Payment Information

Please complete credit card information or indicate if mailing a check:

Visa Master Card Discover

Card # _____ Exp. _____

Name on Credit Card: _____ Date: _____

Address of Cardholder: _____

(if different from above address)

City: _____ State: _____ Zip _____

Phone #: _____ Email: _____

Federal Tax ID number is 41-6011702

Check

Make check payable to **Mayo Clinic** and remit to: Mayo
School of Continuous Professional Development
Attn:
Plummer 2-60
200 First Street SW
Rochester, MN 55905

(Identify course name on check _____)

Electronic Transfer

\$25 fee

Please contact CME office for account information.

Exhibitor Agreement – Page 2

By signing below, I agree to the “Terms and Conditions” outlined on Page 2 of this Exhibitor Agreement (including ACCME Standards for Commercial Support):

EXHIBITOR Representative: _____
(I understand and agree that typing my name above is the electronic equivalent of a written signature) (Date)

PROVIDER Representative: _____
(Signature) (Date)

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.

Please fax completed Exhibitor Agreement to: (507) 538-0146
Mayo Clinic
ATTN: Jane Juenger
200 First Street SW – Gonda 6
Rochester, MN 55905
Juenger.jane@mayo.edu

Exhibitor Registration Form

Company Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Name of Representative In charge of exhibit: _____
(Please type or print name exactly as you want it to appear on the name tag)

Mailing Address: _____

City/State/Zip Code: _____

Business Telephone: _____

Fax Number: _____

E-mail address: _____

Other Representative Names & Mailing Addresses: _____

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

- Pay a display fee of \$_____ to exhibit our products/services at this course.
- Not be able to participate in this educational opportunity at this time. Please keep my name and company's address on file for future opportunities.

Display Information:

Does your display require:

- An 8' table for display? Yes No If so, how many? _____
- Electricity (220-volt power outlet)? Yes No If so, how many? _____
- Electricity (110-volt power outlet)? Yes No If so, how many? _____
- Additional special equipment or requests? Please identify: _____

Complete and return this form to Jane Juenger by May 29, 2015:

Mayo Clinic
ATTN: **Jane Juenger**
200 First Street SW – Gonda 6
Rochester, Minnesota 55905
Fax: 507-538-0146
Email: juenger.jane@mayo.edu