

On behalf of course directors, Christopher J. Arpey, M.D., Alison J. Bruce, M.B., Ch.B., Steven A. Nelson, M.D. and the Mayo School of Continuous Professional Development, we are inviting you to exhibit at our upcoming “SKIN: Practical Dermatology for the Generalist” continuing medical education course to be held April 15th through April 16, 2016, in Chicago, Illinois. We are very excited about this maiden course.

SKIN: Practical Dermatology for the Generalist is a first-ever Mayo Clinic course taught by expert dermatologists from the three Mayo Clinic national practices in Minnesota, Florida and Arizona with the goal of teaching practical dermatology to the non-dermatologist. The course will consist of interactive lectures covering multiple aspects of dermatology including management of moles, skin infections, cancers, rashes, lumps and bumps, and simple dermatologic procedures. The information presented will be relevant to a broad range of non-dermatologists and primary care providers, including physician assistants, generalists, internists, and nurse practitioners; it will allow these practitioners to feel comfortable caring for patients with skin conditions.

Additional information may be found at the course website at <https://ce.mayo.edu/dermatology/node/6353>. The fee to display at SKIN: Practical Dermatology for the Generalist is \$2,000.

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 April 1, 2016. Retain one signed copy for your files and return the other along with payment (made payable to Mayo Clinic, Federal ID #41-6011702) before *April 1, 2016* to Kathy Fuqua, Mayo 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 R. Meyer

Vicki R. Meyer
CME Specialist

Mayo School of Continuous Professional Development

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: SKIN: Practical Dermatology for the Generalist Activity Number: 2016R357

Location: Embassy Suites Downtown Chicago Magnificent Mile Date(s): April 15-16, 2016

Agreement between: ACCREDITED PROVIDER (PROVIDER):

Mayo Clinic College of Medicine – Mayo School of CPD

AND

Commercial Company (EXHIBITOR): _____

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

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 distribute promotional materials at their exhibit space only. 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- Mayo School of CPD. Please identify name of course on the check stub.

AGREED

EXHIBITOR Representative: _____
(Name)

(Signature)

PROVIDER Representative: _____
MSCPD Program Manager

(Signature)

Return completed/signed Letter of Agreement to: Fuqua.kathy@mayo.edu before April 1, 2016

SKIN: Practical Dermatology for the Generalist
April 15-16, 2016
Embassy Suites Downtown Chicago Magnificent Mile, Chicago, IL

Company Name:

Name(s) of Representative(s) exhibiting:

E-mail address(es):

Display Information:

A 6' table will be provided for your exhibit (*a maximum of two representatives are allowed per exhibit*).

Note: There may be additional charges depending on the meeting location (power, internet access, etc). Please list additional requests here:

Payment Information

Please indicate your method of payment:

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> 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 SKIN on the check.	Call the Mayo Clinic Registrar at 800-323-2688 <i>Do not send credit card information via email or fax.</i>	<i>There is a \$25 fee for wire transfers.</i> SENDING BANK: Wire funds, in US dollars, directly to correspondent United States Bank of your choice FOR FURTHER CREDIT TO: US Bank Rochester Branch 155 First Avenue SW Rochester, Minnesota 55902 SWIFT - USBKUS441MT ABA 123000848 Mayo Clinic Rochester Transfer Account Account # 153910200283 REFERENCE Course title: SKIN

Complete and return this form along with your payment made to Mayo Clinic,
Federal Tax ID# 41-6011702 before April **1, 2016** to:

Kathy Fuqua, MSCPD
200 First St SW, Plummer 2-60
Rochester, MN 55905

T: 507-266-9815 F: 507-538-7234 E: fuqua.kathy@mayo.edu