



13400 East Shea Boulevard
Scottsdale, Arizona 85259
480-301-8000

Dear Exhibitor,

I am writing on behalf of the Mayo School of Continuing Medical Education to request your consideration to exhibit at the *Clinical Reviews 2017: 28th Annual Family Practice and Internal Medicine Update* course which will be held in Phoenix, Arizona, on March 22-25, 2017. The exhibit fee is \$2,600. The 2016 course was attended by over 325 physicians from throughout the United States and Canada.

As you can see from the enclosed program, we have developed an outstanding course which includes the following highlights: afternoon workshops, meet the preceptor luncheons, plus two American Board of Internal Medicine and one American Board of Family Medicine maintenance of certificate modules.

The course format will feature clinical updates, case presentations, and panel discussions utilizing a multidisciplinary approach to caring for the whole patient and their family. The intended audience will be Family and Internal Medicine physicians, PA/NPs and nurses.

Mayo Clinic, an integrated, not-for-profit group practice, is committed to meeting its responsibility as a national medical education resource and is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians (AMA). In addition to the 23.25 AMA PRA Category 1 Credit(s)TM, we have applied for the American Academy of Family Physicians (AAFP) (pending) and American Osteopathic Association (AOA) accreditation.

A signed exhibitor agreement is required. The payee is Mayo Clinic Arizona, 13400 East Shea Boulevard, Scottsdale, AZ 85259. Please send it to the attention of Kristy Badder and denote activity number **2017S054** on your correspondence. The Mayo Clinic Tax ID number is 86-0800150.

As course director, I am hopeful you will be able to participate as an exhibitor. You may contact Kristy Badder via telephone, (480) 301-4580 or email exhibits@mayo.edu with questions.

I appreciate your consideration of my request and hope you will participate in this educational initiative.

Sincerely,

A handwritten signature in black ink that reads "Steven W. Ressler".

Steven W. Ressler, MD
Assistant Professor of Medicine
Mayo Clinic Consultative Medicine

Mayo School of Continuous Professional Development (MSCPD) Exhibitor Agreement

Activity Title	Clinical Reviews: 28 th Annual Family Medicine and Internal Medicine Update
Activity Number	2017S054
Location	Arizona Biltmore, Phoenix, Arizona
Dates	March 22-25, 2017

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine – MSCPД 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	\$ 2,600

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 Kristy Badder	Signature	Date

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
<p>Make payable to Mayo Clinic Arizona and remit to:</p> <p>Mayo School of Continuous Professional Development Attn: Kristy Badder 13400 East Shea Blvd. Scottsdale, AZ 85259</p> <p>Please identify course #2017S054 on the check.</p>	<p>For payment by credit card, please call the MSCP Registrars at 480-301-4580</p> <p><i>Do not send credit card information via email or fax.</i></p>

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 Arizona,
 Federal Tax ID# 86-0800150 to:

Email: exhibits@mayo.edu

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

