



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, appearing to read "Steven 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 – MSCPD 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	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
Make payable to Mayo Clinic Arizona and remit to: Mayo School of Continuous Professional Development Attn: Kristy Badder 13400 East Shea Blvd. Scottsdale, AZ 85259 Please identify course #2017S054 on the check.	For payment by credit card, please call the MSCPD Registrar at 480-301-4580 <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 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

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	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; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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) <u>1</u> Exemption from FATCA reporting code (if any) <u>A</u> <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) 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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 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 on page 3.

Sign Here	Signature of U.S. person ▶		Date ▶ <u>1/4/2016</u>
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.