

Mayo School of Continuous
Professional Development
200 First Street SW
Rochester, MN 55905

Dear Representative:

On behalf of Mayo School of Continuous Professional Development, I am pleased to announce the upcoming **Neurorehabilitation Summit** continuing medical education course April 11 – 12, 2016 in Rochester, Minnesota.

This course is an outstanding educational event providing substantial value to our colleagues. This course includes renowned Mayo Clinic and guest faculty. This course covers a wide range of topics related to common diagnoses: brain disorders, spinal cord injury/disorders and neurodegenerative diseases. The summit addresses research initiatives, advances in medicine, innovative technology and clinical applications to strengthen the continuum of care. We expect 125 – 150 attendees.

We would like to invite you to exhibit at this exciting course. Exhibit space is limited, therefore we encourage you to commit early to this event. Exhibit locations will be assigned on a first-come, first-served basis according to date of receipt of your fully completed Letter of Agreement. The exhibit space is a 6' table top.

The fee to exhibit is \$1,500.

Attached is Mayo Clinic's required Exhibitor Agreement and Exhibitor Registration Form. In order to be listed as an exhibitor at this course, this signed letter must be returned to us, along with your check, before March 21, 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 March 21, 2016 to Kathy Fuqua, 200 1st Street SW, Plummer 2-60, Rochester, MN 55905.

I look forward to your support. If you have any questions, please contact me by telephone at (507) 266-2821 or via e-mail, reed.julie1@mayo.edu.

Thank you for your consideration. We look forward to a favorable reply.

Sincerely,



Julie Reed
CME Specialist
507.266.2821
Reed.julie1@mayo.edu

Trevor Carlson, PT & Lisa Beck, APRN, CNS, MS
Course Directors



Mayo School of Continuous Professional Development (MSCPD)

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: _____ Activity Number: _____

Location: _____ Date(s) _____

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 \$1,500

Payment Information

Check

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

(Identify **course name** on check 2016R013)

Electronic Transfer

\$25 fee

Federal Tax ID number is 41-6011702

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) 538-7234



**Mayo Clinic
Neurorehabilitation Summit**

April 11-12, 2016
Rochester, MN

Exhibit Representative 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: _____

2nd Representative: _____

Email Address:

Display Information:

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

Please list additional requests here (i.e. power): _____

Complete and return this form **by March 21, 2016** to:

Kathy Fuqua – fuqua.kathy@mayo.edu
Mayo School of Continuous Professional Development
Plummer 2-60
200 First Street SW
Rochester, Minnesota 55905
Fax: (507) 538-7234