

**Charlene R. Tri**

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January 6, 2015

Dear Potential Exhibitor:

We are pleased to inform you that we have finalized the program for the 2015 Mayo Clinic symposium ***Echo Fiesta: An In-Depth Review of Adult Echocardiography for Sonographers and Physicians*** and hope that you will be able to join us. ***Echo Fiesta*** will be held **March 26-29, 2015** at the **Hyatt Regency Hill Country** in **San Antonio, Texas**. Drs. William Freeman, Steven Lester, and Sabrina Phillips are the program directors. More details can be found on the course website at: <http://www.mayo.edu/cme/cardiovascular-diseases-2015R795>

The program is designed for cardiologists, cardiovascular trainees and cardiac sonographers who perform and interpret echo exams and wish to enhance their knowledge of the echocardiographic assessment of adult cardiac disease. The program will provide a practical review of the current uses and limitations of two-dimensional echocardiography, Doppler and color flow imaging in the assessment of adult myocardial, ischemic, pericardial and valvular heart disease. Traditional topics in the field of echocardiography including the assessment of systolic and diastolic function, quantitative Doppler, and stress echocardiography will be presented. In addition, newer techniques including 3D echo and Doppler and 2D strain imaging will be presented. The program will concentrate on practical points regarding daily use of these techniques with illustrative examples from a wide variety of cardiovascular disorders. Projected attendance for this course is 150.

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 6' 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.

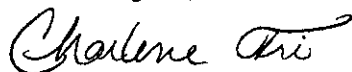
To participate in this program, please complete/sign the enclosed Exhibitor Agreement by **March 15, 2015**. The funds (made payable to Mayo Clinic, Federal ID # 41-6011702) may be received **no later than March 15, 2015**. Space is limited; early registration is advised. Please return your completed/signed Agreement to the meeting assistant, Ms. Jane Juenger, at the address/fax listed below.

Mayo Clinic  
ATTN: Jane Juenger  
200 1<sup>st</sup> Street SW – Gonda 6  
Rochester, MN 55905

Email: [juenger.jane@mayo.edu](mailto:juenger.jane@mayo.edu)  
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](mailto:ctri@mayo.edu).

With best regards,



Charlene R. Tri  
Cardiovascular CME Coordinator



## Mayo School of Continuous Professional Development (MSCPD)

### Exhibitor Agreement

*Regarding the Terms and Conditions for a Commercial Exhibit*

Activity Title: Echo Fiesta: An In-Depth Review of Adult Echocardiography for Sonographers and Physicians

Activity Number: 2015R795

Location: Hyatt Regency Hill Country, San Antonio, TX Date(s) March 26-29, 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 \$ \_\_\_\_\_

### 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.

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](http://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

Echo Fiesta: An In-Depth Review of Adult Echocardiography  
for Sonographers and Physicians

March 26-29, 2015

Hyatt Regency Hill Country

San Antonio, TX

**Exhibitor Registration Form**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

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

In charge of exhibit: \_\_\_\_\_

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?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If so, how many? _____ |
| • Electricity (220-volt power outlet)?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If so, how many? _____ |
| • Electricity (110-volt power outlet)?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If so, how many? _____ |
| • Additional special equipment or requests? Please identify: | _____                        |                             |                        |

Complete and return this form by **February 25, 2015** to:

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

**Request for Taxpayer  
Identification Number and Certification**

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

Name (as shown on your income tax return)  
**Mayo Clinic**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:  
☐ Individual/sole proprietor ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate  
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶  
☒ Other (see instructions) ▶ **501 (c) (3) tax-exempt nonprofit**

Exemptions (see instructions):  
Exempt payee code (if any) **1**  
Exemption from FATCA reporting code (if any) **A**

Address (number, street, and apt. or suite no.)  
**200 First Street S.W.**  
City, state, and ZIP code  
**Rochester, MN 55905**

Requester's name and address (optional)

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 the "Name" line to avoid backup withholding. For individuals, this is 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 chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

Employer identification number								
4	1	-	6	0	1	1	7	0 2

**Part II Certification**

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below), and
4. 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 ▶ *Chel HLP* Date ▶ **12/9/13**

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (for you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.