



September 23, 2015

Dear Healthcare Education Supporter,

We are delighted to announce the **3rd Annual Mayo Clinic Cardiovascular Reviews in Bahrain** which will be held **January 27 – 30, 2016** in **Manama, Bahrain**. The program is organized by the Mayo Clinic Cardiovascular Division in collaboration with the Mohammed Bin Khalifa Bin Sulman Al Khalifa Cardiac Centre. The program directors are Drs. Haitham Amin, Naser Ammash, and Joseph Maalouf. The program presentations will be on key cardiovascular topics presented by expert faculty from Mayo Clinic.

This educational activity is a fantastic forum to review current concepts and management of major cardiovascular disciplines such as diastolic function, heart failure, vascular disease, valve disease, congenital heart disease, preventive cardiology, coronary disease, and rhythm disorders. This comprehensive four-day program will be a valuable educational opportunity to review highlights for clinical evaluation and management of patients encountered in daily practice in the Middle East.

Upon the conclusion of the course, participants should be able to:

- Interpret common ECG and EP tracings.
- Evaluate and manage patients with valvular heart disease.
- Interpret echocardiographic images.
- Analyze hemodynamic catheterization traces.
- Apply basic cardiovascular physiology to patient care.
- Diagnose and treat the patient with acute coronary syndromes.
- Evaluate the patient with advanced heart failure.

For more information, visit program website: celinks.mayo.edu/cvreviewsbahrain2016.

This letter is an invitation to exhibit. You will be provided with **two 6' draped tables** and will be appropriately recognized to our attendees. Beverages and refreshment breaks will be available in the exhibit area to encourage participant interaction with industry representatives. The program will follow ACCME industry guidelines. This activity has been approved for *AMA PRA Category 1 Credits™*.

The exhibit fee **prior to December 15, 2015: \$2,000**

- Recognized in printed material and on-site • fee must be paid in full prior to December 15, 2015 to receive this reduced fee. No exceptions will be made.

The exhibit fee **after December 15, 2015: \$3,000**

- Recognized on-site • fee must be paid in full by January 15, 2016 in order to exhibit. No exceptions will be made.

To exhibit at this program, please complete/sign the enclosed Exhibitor Agreement and Exhibitor Registration Form. The funds (made payable to Mayo Clinic, Federal ID # 41-6011702) may be received **no later than January 15, 2016**. **Payment must be received in full prior to exhibiting; no exceptions can be made to this policy.** Please return your completed/signed Agreement to the meeting coordinator, Ms. Deborah Feils, at the address/fax listed below.

Mayo Clinic
ATTN: Deborah Feils
200 1st Street SW – Gonda 6
Rochester, MN 55905

Fax: 507.266.7403
Email: feils.deborah@mayo.edu

Thank you in advance for your support. If you have any questions or need additional information, please do not hesitate to contact me at by e-mail ctri@mayo.edu.

Sincerely,

Charlene Tri, Education Specialist



Mayo School of Continuous Professional Development (MSCPD)

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: **Cardiovascular Reviews in Bahrain** Activity Number: **2016R407**

Location: **Manama, Kingdom of Bahrain** Dates **January 27 – 30, 2016**

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 Date: _____ CVV Code: _____

Name on Credit Card: _____ Date: _____

Address of Cardholder: _____

(if different from above address)

City: _____ State: _____ Country: _____ Postal Code _____

Email: _____

Federal Tax ID number is 41-6011702

☐ **Check**

Make check payable to **Mayo Clinic** and remit to:

Mayo Clinic
ATTN: Deborah Feils
200 1st Street SW – Gonda 6-472
Rochester, MN 55905

☐ **Electronic Transfer**

There is a \$25 fee for wire transfers

Please contact [Deborah Feils](#) for bank wire transfer account information.

Exhibitor Agreement – Page 2

By signing below, I agree to the “Terms and Conditions” outlined on Page 1 of this Exhibitor Agreement (including ACCME Standards for Commercial Support):

EXHIBITOR Representative: _____

☐ I understand & agree that typing my name above is the electronic equivalent of a written signature

(Date)

Charlene Tri

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.



Mayo Clinic Cardiovascular Reviews in Bahrain

January 27 – 30, 2016
The Gulf Hotel Bahrain

Exhibitor Registration Form

Please complete and return this form along with the Exhibitor Agreement. Only those who return their forms send full payment will have space arranged for in the exhibit area. Space is limited. Space will not be reserved without full payment.

Company Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Representative
In charge of exhibit: _____

Mailing Address: _____

City/State/Zip Code: _____

Business Telephone: _____ Fax: _____

E-mail address: _____

Other Representative Names _____

Exhibiting at Conference: _____

Please provide a listing of products or services your company provides:

Our company will: (check appropriate box -- double click shaded box for check option)

- ☐ Exhibit our products/services at this conference and provide an exhibit fee of \$2,000 US Dollars.
- ☐ 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:

- Two 6' tables for display (max) ☐ Yes ☐ No
- Electricity (power outlet) needed? ☐ Yes ☐ No If so, how many? _____
Number of Volts? _____ Amps? _____
- Additional special equipment or requests? (Please identify) _____

Please complete and return no later than January 15, 2016

ATTN: Ms. Deborah Feils
Email: feils.deborah@mayo.edu
Fax: 507.266.7403