

13400 East Shea Boulevard  
Scottsdale, Arizona 85259  
480-301-4580

Dear Representative,

We are writing on behalf of Mayo Clinic and Mayo School of Continuous Professional Development to request your consideration of an exhibit / display fee in the amount of \$3,500 for the *Clinical and Multidisciplinary Hematology and Oncology 2016: The 13<sup>th</sup> Annual Review* course, being held at the Omni Scottsdale Resort and Spa at Montelucia in Scottsdale, AZ on January 29-31, 2016. Daily exhibit time begins by 7:30am and ends by 4:30pm, except on January 31<sup>th</sup> when the program concludes at noon. We expect approximately 150 physicians and mid level providers and pharmacists who are practicing hematology and medical oncology in the United States.

As you can see from the enclosed program, we have developed an outstanding course which offers challenging, and interactive sessions on pertinent issues involved with the care of cancer patients including: State of the art review in diagnosis and treatment of hematologic malignancies and selected solid tumors; benign hematology for the medical oncologist; sessions utilizing the latest molecular diagnostic techniques and imaging modalities; supportive and palliative care for cancer patients.

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). This course will offer 20.75 AMA PRA Category 1 Credit(s)<sup>TM</sup>.


Please return a signed Exhibitor Agreement to confirm your participation. Payment may be completed by including credit card information on the agreement or by sending your check, made payable to Mayo Clinic Arizona, ATTN: Kristy Badder, Mayo Clinic Arizona, 13400 East Shea Boulevard, Scottsdale, AZ 85259. Please denote project number 2016S130 on your correspondence. The Mayo Clinic Tax ID number is 86-0800150.

As course co-directors, we are hopeful you will be able to participate as an exhibitor. If you are interested in exhibiting or would like to know more details about this educational program, please contact Kristy Badder, by e-mailing [exhibits@mayo.edu](mailto:exhibits@mayo.edu) or calling 480-301-4580. We sincerely appreciate your consideration of this opportunity to join us for a truly unique educational program.

Sincerely,



Joseph R. Mikhael, MD  
Co-Course Director  
Associate Professor of Medicine  
College of Medicine  
Hematology/Oncology



Donald W. Northfelt, MD  
Co-Course Director  
Professor of Medicine  
College of Medicine  
Hematology/Oncology



## Mayo School of Continuous Professional Development (MSCPD)

### Exhibitor Agreement

*Regarding the Terms and Conditions for a Commercial Exhibit*

Activity Title: **Clinical and Multidisciplinary Hematology and Oncology 2016** Activity Number: 2016S130

Location: Omni Scottsdale Resort & Spa at Montelucia, Scottsdale, Arizona Date(s): January 29-31, 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 \$3,500

### 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 86-0800150**

☐ **Check**

Make check payable to **Mayo Clinic Arizona** and remit  
to: Mayo School of Continuous Professional  
Development  
Attn: Kristy Badder  
13400 East Shea Blvd.  
Scottsdale, AZ 85259

(Identify activity number 2016S130 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: \_\_\_\_\_  
Kristy Badder- Education Administration Coordinator (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.**”
- EXHIBITORS are prohibited from distributing pharmaceuticals or other samples and promotional materials (i.e. pens, pads, etc.). Educational materials may be distributed within the designated exhibitor hall only, not within the educational space.
- 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. No Refunds.
- 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 86-0800150.**  
Please remit check payable to: **Mayo Clinic Arizona.** Please identify name of activity on the check stub.

Please return completed Exhibitor Agreement by emailing to [exhibits@mayo.edu](mailto:exhibits@mayo.edu)  
or faxing to 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:

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☒ 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) **1**

Exemption from FATCA reporting

code (if any) **A**

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

**13400 East Shea Boulevard**

6 City, state, and ZIP code

**Scottsdale, AZ 85259**

Requester's name and address (optional)

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:

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 ▶

*Renee Schoonover*

Date ▶ *1-6-2015*

## 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](http://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:

1. Certify that the TIN you are giving is correct (or 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. See *What is FATCA reporting?* on page 2 for further information.