



**Mayo School of Continuous
Professional Development**

13400 East Shea Boulevard
Scottsdale, Arizona 85259
Telephone: (480) 301-4580

Dear Representative,

On behalf of Mayo School of Continuous Professional Development (MSCPD) and as Chair, Mayo Clinic Department of Otolaryngology – Head and Neck Surgery, I am pleased to announce **“Transoral Surgery for Head and Neck Cancer”** will be held February 24-27, 2016 at Mayo Clinic Education Center in Phoenix, Arizona. This course is once again planned in collaboration with Washington University in St. Louis. I invite you and your company to exhibit at this continuing medical education activity. Exhibits will be offered on February 24-26. The exhibit fee is \$3,000. Space is limited; early registration is advised.

Renowned guest, Washington University and Mayo Clinic faculty will present didactic lectures supplemented with video clips, live surgical cases and case discussions on Wednesday through Friday, February 24-26, 2016. An optional hands-on cadaveric workshop will be held Saturday, February 27, 2016 in the state-of-the-art Center for Procedural Innovation on Mayo Clinic’s campus in Scottsdale. We look forward to an exceptional program and anticipate over 70 physicians, nationally and internationally, will attend.

As you can see from the attached program, we have designed another excellent course to give otolaryngologists, head and neck surgeons, radiation oncologists, medical oncologists, oral maxillofacial surgeons and other head and neck physicians and interested parties a focused educational experience in transoral endoscopic techniques for resecting primary head and neck tumors. Both transoral laser and robotic surgery will be featured, as well as flexible laser surgery in inpatient and outpatient environments.

If you will join us, please complete the attached exhibitor agreement and return it with your payment (made payable to Mayo Clinic in Arizona) to Mayo School of Continuous Professional Development, Attn: Kristy Badder, 13400 East Shea Boulevard, Scottsdale, AZ 85259. Please denote course activity #2016S349 on all correspondence. Mayo Clinic’s Tax ID number is 86-0800150; our W-9 form is attached for your convenience.

Exhibitor Invitation
Transoral Surgery for Head and Neck Cancer
Page 2

To maintain a clear separation of promotion from education, exhibits will be located adjacent to where the educational sessions will be held. Displays should be staffed during breakfast, mid-morning and afternoon refreshment breaks, and lunch periods on Thursday and Friday.

Please do not hesitate to contact Bobbi Carter, CME Specialist, MSCPD, at telephone (480) 301-6144, or e-mail, Carter.Bobbi@mayo.edu, if you have any questions about the course.

We hope you will join us in Phoenix in February!

Sincerely,

A handwritten signature in cursive script that reads "Michael L. Hinni MD".

Michael L. Hinni, M.D.
Course Director
Chair, Department of Otolaryngology – Head and Neck Surgery
Professor of Otolaryngology
Mayo Clinic College of Medicine



Mayo School of Continuous Professional Development (MSCPD)

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: **Transoral Surgery for Head and Neck Cancer**

Activity Number: **2016S349**

Location: **Mayo Clinic Education Center, Phoenix, Arizona**

Course Dates: **February 24-27, 2016**

Exhibit Dates: **February 24-26 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 **February 24-26, 2016** for the amount of **\$3,000.**

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 Boulevard
Scottsdale, AZ 85259

Please identify activity number 2016S349 on check

Electronic Transfer (\$25 fee)

**Please contact MSCPD 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 – MSCPD (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.**”
- 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
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: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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 ▶ <i>Renee Schoonover</i>	Date ▶ <i>1-6-2015</i>
------------------	--	------------------------

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.