



**Mayo Clinic School of Continuous  
Professional Development**

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

Dear Representative,

On behalf of Mayo Clinic and Mayo Clinic School of Continuous Professional Development, we are pleased to announce Mayo Clinic's "**Clinical Multidisciplinary Hematology & Oncology: The 15<sup>th</sup> Annual Review**" will be held February 16-18, 2018 at the Omni Scottsdale Resort & Spa at Montelucia in Scottsdale, Arizona. We invite you and your company to exhibit at this CME activity. The exhibit fee is \$3,500. We expect approximately 175 physicians, advanced practice providers, nurses and pharmacists to join us.

Our activity is planned by a multidisciplinary health care team for the multidisciplinary health care team including hematologists, oncologists, physician assistants, nurse practitioners, nurses, pharmacists, and others interested in the diagnosis and treatment of patients with hematologic and oncologic disorders. 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, and supportive care for cancer patients. The course will include panel discussions, use of an interactive audience response system, and offer healthcare professionals new knowledge that will provide cost-effective and efficient care, which, ultimately, will provide better patient outcomes.

Mayo Clinic is an integrated, not-for-profit group practice committed to meeting its responsibility as a national medical education resource. In support of improving patient care, Mayo Clinic College of Medicine and Science is accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team. In addition, this program is currently under review by the American Osteopathic Association for AOA Category 2-A credit. An application for CME credit has been filed with the American Academy of Family Physicians, as well.

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 Clinic School of Continuous Professional Development, Attn: Kristy Badder, 13400 East Shea Boulevard, Scottsdale, AZ 85259. Please denote "HemOnc2018" on all correspondence. Mayo Clinic's Tax ID number is 86-0800150; our W-9 form is attached for your convenience. Space is limited; early registration is advised before January 10, 2018.

To maintain a clear separation of marketing/promotion from education, exhibits will be located adjacent to where the educational sessions will be held. Displays should be staffed during breakfasts, breaks, and lunches February 16-18. For your planning convenience, a program schedule is attached.

In addition, if company representatives are interested in attending the sessions as a participant, representatives must register for the course as an attendee. Course registration will open soon; you may register online at [www.ce.mayo.edu/HemOnc2018](http://www.ce.mayo.edu/HemOnc2018).

If you have any questions about this exhibit opportunity, please feel free to contact Ms. Badder directly via email, [exhibits@mayo.edu](mailto:exhibits@mayo.edu).

We hope you will join us for this exciting program in Scottsdale, Arizona, February 16-18, 2018.

Sincerely,



Joseph R. Mikhael, M.D., M.Ed., F.R.C.P.C.  
Course Co-Director  
Consultant, Division of Hematology & Oncology  
Professor of Medicine  
Mayo Clinic College of Medicine and Science



Alan H. Bryce, M.D.  
Course Co-Director  
Consultant, Division of Hematology & Oncology  
Assistant Professor of Medicine  
Mayo Clinic College of Medicine and Science

JRM/AHB/jlk

Attachments:  
Course Schedule  
Exhibitor Agreement  
W-9 Form

## Mayo Clinic School of Continuous Professional Development (MCSCPD) Exhibitor Agreement

Activity Title	Clinical Multidisciplinary Hematology and Oncology: The 15th Annual Review
Activity Number	18S04959
Location	Omni Scottsdale Resort & Spa at Montelucia, Scottsdale, Arizona
Dates	February 16-18, 2018

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine and Science – MCSCPD AND:

Company Name (Exhibitor) (as it should appear on printed materials)	
Exhibit Contact (if different then exhibit Rep.)	
Name(s) of Representative(s) exhibiting: (Maximum of two representatives allowed per exhibit)	
Address	
Telephone	
Fax	
Email	
The named exhibitor wishes to exhibit at the above named activity for the amount of	\$3,500.00

**NOTE:** There may be additional charges depending on the meeting location (power, internet access, etc.).  
Please list additional requests here: (please note: additional requests may incur additional fees)

### 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." "For 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 place of the CME activity.**"
- EXHIBITOR may only distribute educational promotional materials at their exhibit space. Distribution of non-educational items (pens, notepads, etc.), pharmaceuticals or product samples is prohibited.
- All exhibit fees 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 provider, 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.

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

The person signing below is authorized to enter into this agreement:

Exhibitor Representative Name	Signature	Date
Mayo Clinic Representative Name	Signature	Date
Kristy Badder		

### PAYMENT INFORMATION

Please indicate your method of payment:

PROVIDER **Federal Tax ID number is 86-0800150.**

Please remit check payable to: **Mayo Clinic Arizona**. Please identify name of course on the check stub.

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card or Wire Transfer
<p>Make payable to <b>Mayo Clinic Arizona</b> and remit to:</p> <p>Mayo School of Continuous Professional Development Attn: Kristy Badder 13400 East Shea Blvd. Scottsdale, AZ 85259</p> <p>Please identify course <b>#18S04959</b> on the check.</p>	<p>For payment by credit card or wire transfer, please call the MCSCPD Registrar at 480-301-4580</p> <p><i>Do not send credit card information via email or fax.</i></p>

Complete and return this form along with your payment made to Mayo Clinic Arizona,  
Federal Tax ID# 86-0800150 to:

Mayo School of Continuous Professional Development  
Attn: Kristy Badder  
13400 East Shea Blvd.  
Scottsdale, AZ 85259  
T: 480-301-4580 F: 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. <b>Mayo Clinic Arizona</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> 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) ▶ <b>Note.</b> 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) ▶ <b>501 (c) (3) tax-exempt nonprofit corporation</b>	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <b>1</b> Exemption from FATCA reporting code (if any) <b>A</b> <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <b>13400 East Shea Boulevard</b>	
	6 City, state, and ZIP code <b>Scottsdale, AZ 85259</b>	
	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 ▶

*Matthew Tugsten*

Date ▶

*1/9/2017*

### 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:

- 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.