

Charlene R. Tri

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October 26, 2015

Dear Potential Exhibitor:

We are pleased to inform you that we have finalized the program for the Mayo Clinic symposium ***Echo Revolution: Focus for the Physician and Sonographer*** and hope that you will be able to join us. *Echo Revolution* will be held **March 11-13, 2016** at the **Fairmont Copley Plaza** in **Boston**. Drs. Patricia A. Pellikka and Sunil V. Mankad are the program directors.

The program is designed for physicians and cardiac sonographers. The course 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 disease. Traditional topics in the field of echocardiography including 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 rate imaging will be presented.

We invite you to participate in our program with an educational display of your products and/or services. The exhibit fee for this program is **\$2,000**. You will be provided with a 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 1, 2016**. The funds (made payable to Mayo Clinic, Federal ID # 41-6011702) may be received **no later than March 1, 2016**. Please return your completed/signed Agreement to, Ms. Monica Schroeder, at the address/fax listed below.

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

E-mail: Schroeder.Monica@mayo.edu

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.

With best regards,



Charlene R. Tri
Cardiovascular Education Specialist



Mayo School of Continuous Professional Development (MSCPD)

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: Echo Revolution 2016 Activity Number: 2016R200

Location: Fairmont Copley Plaza, Boston, MA Date(s) March 11-13, 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 \$ _____

Federal Tax ID number is 41-6011702

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: Charlene Tri 10-15-15
(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.

Email completed Exhibitor Agreement to: Schroeder.Monica@mayo.edu

Echo Revolution Adult Echocardiography for Physicians and Sonographers

March 11-13, 2016
Fairmont Copley Plaza
Boston, MA

Exhibitor Registration Form

Company Name: _____

Mailing Address: _____

City/State/Zip Code: _____

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

On site exhibit: _____

Mailing Address: _____

City/State/Zip Code: _____

Business Telephone: _____

Fax Number: _____

E-mail address: _____

Other Representative Names & E-mail 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 **March 1, 2016** to:

Mayo Clinic
ATTN: Monica Schroeder
200 First Street SW – Gonda 6
Rochester, Minnesota 55905
Fax: 507-266-7403

Email: Schroeder.Monica@mayo.edu