

On behalf of course directors, Andrew Herber, P.A.-C., James Newman, M.D., John Park, M.D., Vicki Loeslie, D.N.P., A.P.R.N., C.N.P., Marcia Britain, D.N.P., A.P.R.N., C.N.P. and the Mayo School of Continuous Professional Development, we are inviting you to exhibit at our upcoming “Acute Care for the Complex Hospital Patient for Nurse Practitioners and Physician Assistants (NPs & PAs)” continuing medical education course to be held February 10th through February 13, 2016, in Scottsdale, Arizona. This 4th annual course also has Critical Care and Suturing Skills workshops. Last year’s course had an incredible 335 persons registered.

The Acute Care for the Complex Hospitalized Patient for NPs and PAs program focuses on acute care of the hospitalized patient in the inpatient setting and is applicable to internists, hospitalists, nurse practitioners, physician assistants, pharmacists, advance practice nurses and RNs, from novice to experienced. The course covers everything from critical care, hospital general medicine, surgery, neurology, cardiology and medical specialties. Hospital care models are transforming and nurse practitioners and physician assistants play a vital role in the care delivery of hospitalized patients. This conference focuses on providing the most up-to-date and evidence-based guidelines and treatment pathways necessary to optimally care for hospitalized patients.

Additional information may be found at the course website at <https://ce.mayo.edu/internal-medicine/node/4880> . The fee to display at Acute Care for the Complex Hospital Patient for NPs and PAs is \$2,000.

We’ve attached Mayo’s required **Exhibitor Agreement**. In order to be listed as an exhibitor at this course, this signed letter must be returned to us, along with your check by February 1, 2016. Retain one signed copy for your files and return the other along with payment (made payable to Mayo Clinic, Federal ID #41-6011702) before *February 1, 2016* to Kathy Fuqua, CME Assistant, Mayo School of Continuous Professional Development, Plummer Building 2-60, 200 1st Street SW, Rochester, MN 55905.

We look forward to your support. If you have any questions, or if there are “company-specific” forms that need to be completed, please contact, Kathy Fuqua, by telephone at 507-266-9815 or via email at fuqua.kathy@mayo.edu .

Thank you for your consideration and we look forward to a favorable reply.

Sincerely,

Vicki R. Meyer

Vicki R. Meyer
CME Specialist

Mayo School of Continuous Professional Development

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: 4th Annual Acute Care for the Complex Hospitalized Patient for NPs & PAs

Location: Doubletree Resort by Hilton-Paradise Valley Dates: February 10-13, 2016
Scottsdale, AZ

Agreement between: ACCREDITED PROVIDER (PROVIDER):

Mayo Clinic College of Medicine – Mayo School of CPD
AND

Commercial Company (EXHIBITOR): _____

Address _____

Telephone _____ Fax _____ Email _____

The named EXHIBITOR wishes to exhibit at the above named activity for the amount of \$2,000.

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.

AGREED

EXHIBITOR Representative: _____
(Name) (Signature)

PROVIDER Representative: _____
(Name) (Signature)
Mayo Clinic
Plummer 2-60
200 1 Street SW
Rochester, MN 55902

Please return to: Fuqua.kathy@mayo.edu Fax: 507-538-7234



Acute Care for Complex Hospitalized Patients for NPs & PAs

February 10-13, 2016

Doubletree Resort by Hilton-Paradise Valley
Scottsdale, AZ

Exhibitor Registration Form

Company Name: _____

Mailing Address: _____

City/State/Zip Code: _____

**Name of person
in charge of exhibit:** _____

Mailing Address: _____

City/State/Zip Code: _____

Business Telephone: _____

Fax Number: _____

E-mail address: _____

**Other
Representative
Names & Mailing
Addresses:** _____

Our company will: *(please check the appropriate box)*

- ☐ Pay a display fee of \$ 2,000 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 (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 February 1, 2016 to:

Kathy Fuqua, CPD

Mayo School of Continuous Professional Development

Plummer 2-60

200 First Street SW

Rochester, Minnesota 55905

Fax: (507) 538-7234