



200 First Street SW
Plummer 2-60
Rochester, Minnesota 55905

**Mayo School of Continuous
Professional Development**

April 16, 2015

Dear Exhibitor:

On behalf of Mayo Clinic's Department of Dermatology, Mayo School of Continuous Professional Development, and the Planning Committee, I am pleased to invite you to support "30th Mayo Clinic Dermatology Symposium: The O'Leary Meeting." This CME course will be held September 25-26, 2015, at the Kahler Grand Hotel in Rochester, Minnesota. Course details can be found on the course web site: <https://ce.mayo.edu/dermatology/node/1265>.

This course will provide a multi-media approach to updating physicians about the current and future care of dermatology patients with both common and rare diseases. Topics presented will include areas of clinical, laboratory, surgical and pediatric dermatology. The information presented will be relevant to dermatopathologists, surgical dermatologists, general dermatologists and pediatric dermatologists. We expect close to 160 attendees at this course.

We would like to offer you an opportunity to display your company's products/services at this event. The exhibit fee for *30th Dermatology Symposium: The O'Leary Meeting* is \$1,500.00 (USD). With this exhibit fee, we will provide a 6' draped table for a display and appropriately recognize your participation to attendees. The display space is available for the duration of the course. Please find the attached program schedule for details on course content and times.

If you are interested in exhibiting at this course, please complete the enclosed exhibit letter of agreement and registration form, include payment (made payable to Mayo Clinic, Federal Tax Identification #41-6011702), and fax to 507.538.7234 or send to Jenna Pederson at pederson.jenna@mayo.edu.

Sincerely,

Jessica McNeill
CME Specialist



Mayo School of Continuous Professional Development

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: 30th Mayo Clinic Dermatology Symposium: The O’Leary Meeting

Location: Rochester, MN Date(s) September 25-26, 2015

Agreement between: ACCREDITED PROVIDER (PROVIDER):
Mayo Clinic College of Medicine – Mayo School of CPD
AND

EXHIBITOR: _____

Telephone _____ Fax _____ Email _____

The named EXHIBITOR wishes to exhibit at the above named activity for the amount of \$1,500

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: _____ (Signature)
200 First Street SW
Rochester, MN 55901
Telephone: 507-538-7228
Fax: 507-538-7234