

January 15, 2016

Dear Exhibitor

On behalf of course director, Kevin M. Barrett, M.D., MSc, Kelly D. Flemming, M.D. and W. David Freeman, M.D., we hope you will consider a display opportunity at our *8th Annual Stroke and Cerebrovascular Disease Review course held September 29-October 1, 2016.* We expect around 300 neurologists, neurosurgeons, interventional neuroradiologists, cardiologists, primary care physicians, emergency department physicians and allied health staff participating in cardiac services, nationally and internationally. This course will focus on clinical and hospital-based cardiac rhythm issues and other topics for both physicians and allied health staff.

Display fees are \$2,000 for the full three day course. Space is limited and table assignments will be made on a first come, first served basis based on the date the signed exhibit agreement letter is received in our office.

Our programs provide valuable information on unmet needs to the medical community. We sincerely appreciate your consideration and hope you will take the opportunity to join us for a truly unique educational program.

Sincerely,

Sheila Newby

**Education Specialist** 

Make checks payable to:

Mayo Clinic

Attn: Sheila Newby, Med Edu.

4500 San Pablo Road Stabile 790N- Education Jacksonville, FL 32224

Tax ID: 59-3337028



# Mayo School of Continuous Professional Development (MSCPD) Exhibitor Agreement

Activity Title	8th Annual Stroke and Cerebrovascular Disease Review
Activity Number	2016J479
Location	The Ritz-Carlton, Amelia Island, FL
Dates	September 29-October 1, 2016

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine – MSCPD 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 i	named activity for the amount of	\$2,000.00

#### TERMS AND CONDITIONS

- EXHIBITOR agrees to abide by ACCME Standards for Commercial Support as stated at <a href="www.accme.org">www.accme.org</a>: 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

## **PAYMENT INFORMATION**

Please indicate your method of payment:

### PROVIDER Federal Tax ID number is 59-3337028

Please remit check payable to: Mayo Clinic-Mayo School of CPD. Please identify name of course on the check stub.

☐ Check	☐ Credit Card or Wire Transfer
Make payable to:	For payment by credit card or wire transfer, please call the
Mayo Clinic Florida	MSCPD at 800-462-9633
Mayo School of Continuous Professional Development	
Stabile 790N/ Denise Klarich	Do not send credit card information via email or fax.
4500 San Pablo Road	
Jacksonville, FL 32224	
Please identify <b>Stroke 2016</b> on the check.	

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

(Rev. December 2014) Department of the Treasury Internal Revenue Service

## **Request for Taxpayer** Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type cific Instructions on page 2.	Mayo Clinic Florida (a nonprofit corporation)									
	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:  Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC  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.				Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):     Exempt payee code (if any)     Exemption from FATCA reporting					
	✓ Other (see instructions) ► 501 (c) (3) tax-exempt nonprofit corporation			100	(Applies to accounts maintained outside the U.S.)					
	5 Address (number, street, and apt. or suite no.) Requester's			e and a	ddre	ss (o	ption	al)		-
	4500 San Pablo Road									
See S	6 City, state, and ZIP code									
S	Jacksonville, FL 32224									
111	7 List account number(s) here (optional)									
Par	The state of the s									
Entery	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	Sc	ocial s	security	/ nun	nber				
reside	p withholding. For individuals, this is generally your social security number (SSN). However, for a nt alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other				_	П	_			
entitie	s, it is your employer identification number (EIN). If you do not have a number, see How to get a					ш				
W-10 1										
TIN on	page 3.	or								
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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 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:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. 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
- 4. 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.

	Thursday, September 29, 2016 Fundamentals of Stroke
Salons 1 & 2	Moderator: W. David Freeman, M.D.
7:15 a.m.	Registration and Continental Breakfast
7:45	Welcome and Pre-test W. David Freeman, M.D.
8:00	Epidemiology of Stroke Kevin M. Barrett, M.D., MSc
8:30	Case-based Vascular Neuroanatomy Kelly D. Flemming, M.D.
9:00	Stroke Pathophysiology W. David Freeman, M.D.
9:30	Neuroimaging of Acute Stroke-CT, CT Angio-Perfusion, MRI Diffusion Perfusion E. Paul Lindell, M.D.
10:00	Q&A
10:15	Break
10:30	Transient Ischemic Attack (TIA): Diagnosis and Management Kevin M. Barrett, M.D., MSc.
11:00	Ischemic Stroke Prevention Kelly D. Flemming, M.D.
11:30	What's New in Stroke Drug Therapeutics: Hyperlipidemia & PCSK9 Inhibitors R. Scott Wright, M.D.
11:50	Q&A
Noon	Lunch
1:00 p.m.	Stroke in the Young James P. Klaas, M.D.
1:30	Management of Cryptogenic Stroke and PFO Peter M. Pollak, M.D.
2:00	NOACs (Novel Oral Anticoagulants) and Atrial Fibrillation Waldemar E. Wysokinski, M.D., Ph.D.
2:30	Nutrition Assessment after Stroke Angela Vizzini
3:00 p.m.	Large Vessel Atherosclerotic Occlusive Disease Josephine F. Huang, M.D.
3:30	Q&A
3:45	Adjourn

Friday, September 30, 2016 Medical Management and Controversies of Stroke			
6:45 a.m.	Optional Event: Morning Beach Run For Stroke-Sarah Peacock, ARNP, Amanda Tomlinson, ARNP Danielle Ramsey ARNP		
Salons 1 & 2	Moderator: Kelly D. Flemming, M.D.		
7:30	Continental Breakfast		
8:00	Commonly Asked Questions in the Management of Unruptured Aneurysms Robert D. Brown, Jr., M.D., M.P.H.		
8:30	What's New in Intracerebral Hemorrhage Management? Maria I. Aguilar, M.D.		
8:55	Cerebral Amyloid Angiopathy Benjamin H. Eidelman, M.D.		
9:20	Q&A		
9:35	Break		
9:45	Management of and Cavernous Malformations and Developmental Venous Anomalies Kelly D. Flemming, M.D.		
10:15	Diagnosis and Management of Obstructive Sleep Apnea and Stroke Pablo R. Castillo, M.D.		
10:45	Telemedicine - Stroke Systems Model of Care (SSMC) Bart M. Demaerschalk, M.D.		
11:15	Q&A		
11:30	Break		
11:45	Lunch & Learn: Brain Attack Interactive Moderator: Kevin M. Barrett, M.D., MSc, Expert Q&A Panel: David A. Miller, M.D., E. Paul Lindell, MD, James F. Meschia, M.D., Jennifer E. Fugate, D.O. and Michael A. Pizzi, D.O., Ph.D.		
1:15 p.m.	Hackl Named Visiting Professorship Development of the U.S. First Mobile Stroke Unit Keynote Speaker: James Grotta, M.D.		
2:15	Q&A		
2:30	ePosters - Foyer		
3:30	Reception on the Lawn		
5:30	Adjourn		
6:00-7:00 p.m.	Optional Free Event: Stroke Yoga at Sunset Kelly S. Johnson, R.N.		

Program schedule is subject to change without notice.

\* Represents talks that are applicable for nurses that are preparing for the Stroke Nursing Review.

N	Saturday, October 1 <sup>st</sup> , 2016 Neurosurgical and Endovascular Stroke Therapy
Salons 1 & 2	Moderator: Giuseppe Lanzino, M.D.
7:15 a.m.	Continental Breakfast
7:45	Endovascular Acute Stroke Therapy—Best Practices and Unresolved
7.43	Questions Described Stroke Therapy Described Stroke Therapy
	Alejandro A. Rabinstein, M.D.
8:15	Case Studies in Neuroendovascular Stroke Rabih G. Tawk, M.D.
8:45	Management of Intraventricular Hemorrhage Jennifer Fugate, D.O.
0.15	
9:15	Medical and Surgical Management of Cerebral Edema Sara E. Hocker, M.D.
9:45	Acute Management of Aneurysmal Subarachnoid Hemorrhage
	Giuseppe Lanzino, M.D.
10:15	Q&A
10:45	Break
11:00	New Approaches for Treatment of Unruptured Cerebral Aneurysms Benjamin L. Brown, M.D.
11:30	Endovascular Supercomputing Modeling of Brain Aneurysm Repair Brian W. Chong, M.D.
Noon	Q&A and Post-test
12:15 p.m.	Lunch on Your Own
	CONCURRENT WORKSHOPS
Salon 1 and 2	Business Aspects of Stroke Telemedicine-Included in Registration Fee
1:15	<ul> <li>Practical Business Issues about Starting a TeleStroke Practice</li> </ul>
	Nima Mowzoon, M.D., MBA
	<ul> <li>Impact of Affordable Care Act on Stroke Centers</li> </ul>
	Maya Babu, M.D., MBA
	<ul> <li>NeuroLaunch         –How can Start-up Companies Transform Health Care?</li> </ul>
	Jordon Amado, M.D., MBA
Santa Maria	Neurovascular Neurosurgery Case-Based Discussion-Included in
1:15	Registration Fee
	Moderators: Giuseppe Lanzino, M.D., David A. Miller, M.D.,
0.1. 0	Rabih G. Tawk, M.D., Michael J. Link, M.D.
Salon 3	Transcranial Doppler Hands-On Workshop-\$150 Additional Fee
1:15	Moderators: Mark N. Rubin, M.D., Laxmi P. Dhakal, M.B.B.S., Kevin M.
	Barrett, M.D., MSc, Carla Venegas Borsellino, M.D., W. David Freeman,
2.15 n m	M.D. (Maximum of 10 participants)
3:15 p.m.	Adjourn

Program schedule is subject to change without notice.

\* Represents talks that are applicable for nurses that are preparing for the Stroke Nursing Review.

Saturday, October 1, 2016 Stroke Nursing Review & Emergency Stroke Providers				
Salon 3	Moderators: Suzanne Brown, BSN, RN, CNRN, SCRN, Christy Smith, ARNP, Lesia H. Mooney, MSN, RN, CNRN, SCRN, ACNS-BC			
7:15	Continental Breakfast			
8:00	Anatomy and Physiology of the Stroke Patient Anatomage Table Linda R. Littlejohns, MSN, RN, FAAN			
10:00	Break			
10:15	Anatomy and Physiology of the Stroke Patient Anatomage Table Linda R. Littlejohns, MSN, RN, FAAN			
12:15 p.m.	Adjourn			