



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,

A handwritten signature in black ink, appearing to read 'Sheila Newby', with a long, sweeping tail.

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

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 named activity for the amount of	<b>\$2,000.00</b>

### 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

**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.

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

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

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Mayo Clinic Jacksonville</b>		
	<b>2</b> Business name/disregarded entity name, if different from above		
	<b>3</b> 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"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <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>		<b>4</b> 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>
	<b>5</b> Address (number, street, and apt. or suite no.) <b>4500 San Pablo Road</b>		Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code <b>Jacksonville, FL 32224</b>		
	<b>7</b> 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.

<b>Social security number</b>										
<b>or</b>										
<b>Employer identification number</b>										
5	9		-	3	3	3	7	0	2	8

**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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>1/4/2016</u>
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**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.

*8<sup>th</sup> Annual Stroke and Cerebrovascular Disease Review 2016*  
*The Ritz-Carlton Amelia Island, Florida*  
*September 29<sup>th</sup>- October 1st, 2016*

<b>Thursday, September 29, 2016</b>	
<b>Fundamentals of Stroke</b>	
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

Program schedule is subject to change without notice.

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

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<b>Friday, September 30, 2016</b>	
<b>Medical Management and Controversies of Stroke</b>	
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.	<b>Hackl Named Visiting Professorship</b> Development of the U.S. First Mobile Stroke Unit <b>Keynote Speaker:</b> 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.

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<b>Saturday, October 1<sup>st</sup>, 2016</b>	
<b>Neurosurgical and Endovascular Stroke Therapy</b>	
Salons 1 & 2	Moderator: Giuseppe Lanzino, M.D.
7:15 a.m.	Continental Breakfast
7:45	Endovascular Acute Stroke Therapy—Best Practices and Unresolved Questions 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.
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
<b>CONCURRENT WORKSHOPS</b>	
Salon 1 and 2 1:15	<b>Business Aspects of Stroke Telemedicine-Included in Registration Fee</b> <ul style="list-style-type: none"> <li>• Practical Business Issues about Starting a TeleStroke Practice Nima Mowzoon, M.D., MBA</li> <li>• Impact of Affordable Care Act on Stroke Centers Maya Babu, M.D., MBA</li> <li>• NeuroLaunch—How can Start-up Companies Transform Health Care? Jordon Amado, M.D., MBA</li> </ul>
Santa Maria 1:15	<b>Neurovascular Neurosurgery Case-Based Discussion-Included in Registration Fee</b> Moderators: Giuseppe Lanzino, M.D., David A. Miller, M.D., Rabih G. Tawk, M.D., Michael J. Link, M.D.
Salon 3 1:15	<b>Transcranial Doppler Hands-On Workshop-\$150 Additional Fee</b> 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, M.D. (Maximum of 10 participants)
3:15 p.m.	Adjourn

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<b>Saturday, October 1, 2016</b> <b>Stroke Nursing Review &amp; Emergency Stroke Providers</b>	
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

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