



April 13, 2017

Dear Exhibitor

On behalf of course directors, Paul D. Pettit, M.D. and Tri A. Dinh, M.D., we hope you will consider a display opportunity at our **2017 Mayo Clinic Gynecology and Gynecologic Surgery Update** held **September 28 – 30, 2017**. We expect around 100 gynecologists, surgeons, primary care physicians nationally and internationally. This course will focus on current issues and controversies in gynecology and gynecologic surgery.

Display fees are \$1,500 for the three half 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.

Mayo Clinic, an integrated, not-for-profit group practice, is committed to meeting its responsibility as a national medical education resource and is accredited by the Accreditation Council for Continuing Medical Education to provide 15.25 *AMA PRA Category 1 Credit(s)™* for this course.

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 that reads 'Sheila Newby'.

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	2017 Mayo Clinic Gynecology and Gynecologic Surgery Updates
Location	Lowes Portofino Bay, Orlando, FL
Dates	September 28 – 30, 2017

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine – MSCP 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	\$1,500

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

Please list additional requests here: (please note: additional requests may incur additional fees)

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." "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 <i>Sheila Newby</i>	Date 4/13/2017

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
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 Gynecology and Gynecologic Surgery Update on the check.	For payment by credit card, please call the MSCPD at 800-462-9633 <i>Do not send credit card information via email or fax.</i>

2017 Mayo Clinic Gynecology and Gynecologic Surgery Updates

Date: September 28 – 30, 2017

Orlando Florida

Thursday, September 28, 2017

Moderator Paul Pettit, MD

7:00 a.m.	Breakfast and Registration
7:30	Welcome and Introduction
7:35	Pretest
7:45	Feel the pain, don't forget the pelvic floor <i>Anita Chen, M.D.</i>
8:15	Sexuality after Gynecologic Surgery # 1 <i>Debra Wickman, MD</i>
8:45	Sexuality # 2 <i>Debra Wickman, MD</i>
9:15	Abnormal Uterine Bleeding- beyond just polypectomy <i>Christopher DeStephano, MD</i>
9:45	Q&A
10:00	Break
10:30	Imaging tips for the gynecologist-ultrasound <i>Melanie Caserta, M.D.</i>
11:00	Imaging tips for gynecologist- MRI <i>Candice Bolan, M.D.</i>
11:30	Primary Screening for the gynecologist <i>Sally Ann Pantin, M.D.</i>
12:00	Incorporating obesity management into your busy gynecologic practice <i>Scott Lynch, M.D.</i>
12:30	Q & A
12:45	Adjourn

Friday, September 29, 2017

Moderator Tri Dinh, MD

7:00 a.m.	Breakfast
7:30	“Wellness”- a prescription for the physician and the patient - part 1 <i>Robert Zarr, MD, MPH</i>
8:00	“Wellness”- a prescription for the physician and the patient - part 2 <i>Robert Zarr, MD, MPH</i>
8:30	Panel: Are we still morcellating the uterus? <i>Anita Chen, MD, Paul Pettit, MD and Chris DeStephano, MD</i>
9:30	The “incidental” ovarian cancer <i>Tri Dinh, M.D.</i>
10:00	<i>Q&A</i>
10:15	Break
10:45	Vulvar Dermatoses <i>Allison Bruce, M.D.</i>
11:15	Vulvar / Vaginal dysplasia <i>Jamie Bakkum-Gamez MD</i>
11:45	Fecal Incontinence <i>Paul Pettit, MD</i>
12:15	<i>Q&A</i>
12:30	Adjourn
12:30-1400	Optional Hands-on Course: (1) Morcellation of large volume specimen (2)Vaginal surgery-tips and tricks

Saturday, September 30, 2017

Moderator Matt Robertson, MD

7:00 a.m.	Breakfast
7:30	Announcements and poll
7:45	Endometrial Cancer Updates <i>Jamie Bakkum-Gamez MD</i>
8:15	New Treatment Options for Ovarian Cancer <i>Matt Robertson, MD</i>
8:45	What a gynecologic surgeon should know about Plastics Surgery <i>Galen Perdikis, M.D.</i>
9:15	Q&A
9:30	Break
10:00	Genetic Screening for Gynecologic Cancers part 1 <i>Bright Pink Healthcare Lecture</i>
10:30	New Developments in Breast Cancer-what a gynecologist should know <i>Saranya Chumsri, MD</i>
11:00	Post-test
11:15	Genetic Screening for Gynecologic Cancers part 2 <i>Bright Pink Health Care Lecture</i>
11:45	ERASing the need for hospitalization after surgery. <i>Tri Dinh, MD</i>
12:15	Q&A
12:30	Adjourn

**Request for Taxpayer
 Identification Number and Certification**

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

Print or type
 See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Mayo Clinic Jacksonville	
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: <input type="checkbox"/> Individual/sole proprietor or <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) ► 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. <input checked="" type="checkbox"/> Other (see instructions) ► 501 (c) (3) tax-exempt nonprofit corporation	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 1 Exemption from FATCA reporting code (if any) A <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) 4500 San Pablo Road	Requester's name and address (optional)
6 City, state, and ZIP code Jacksonville, FL 32224	
7 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.

Social security number									
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
or									
Employer identification number									
<input type="text"/> 5	<input type="text"/> 9	<input type="text"/> -	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 7	<input type="text"/> 0	<input type="text"/> 2	<input type="text"/> 8

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

Sign
Here

Signature of
U.S. person ►

Matthew Tugstur

Date ►

1/9/2017

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.

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:

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.