

Charlene R. Tri

Cardiovascular CME Coordinator
200 1st Street SW – Gonda 6
Rochester, MN 55905
Phone: (507) 284-6732
Fax: (507) 538-0146
E-mail: ctri@mayo.edu

December 11, 2014

Dear Potential Exhibitor:

We are pleased to inform you that we have finalized the program for the 2015 Mayo Clinic symposium ***Heart Failure Management for Nurse Practitioners, Physician Assistants and Primary Care Providers*** and hope that you will be able to join us. *Heart Failure Management for Nurse Practitioners, Physician Assistants, and Primary Care Providers* will be held **March 19-21, 2015** at the **Disney BoardWalk** in Lake Buena Vista, FL. Dr. Barry Karon and Jean Wagner, MS, CNP are the program directors. Visit program website for information: <http://www.mayo.edu/cme/cardiovascular-diseases-2015r794>

The program is designed for nurse practitioners, physician assistants, registered nurses, cardiologists, and primary care providers interested in an update on heart failure. Heart failure is a devastating disease that causes debilitating symptoms and excess mortality. It affects more than 5 million persons in this country, with over 700,000 new cases diagnosed each year. It remains the most common discharge diagnosis for hospitalized adults and accounts for 12 to 15 million office visits annually. Despite our best efforts, more than one-third of patients with heart failure are re-hospitalized within weeks of hospital discharge. Certainly as our population ages, the number of patients afflicted with this disease will grow. The economic burden now exceeds 10 billion dollars, and is forecasted to grow. It is essential that heart failure is recognized promptly and proven therapies are applied to manage this chronic disease. Nurse practitioners, physician assistants and primary care providers play a pivotal role in the care of these patients. Using a case-based approach, this course will enhance the attendees' confidence in caring for these challenging patients.

We invite you to participate in our program with an educational display of your products and/or services. The exhibit fee for this conference is **\$2,000**. You will be provided with an 8' draped table and will be appropriately recognized for your participation to our attendees in course materials. Continental breakfasts and refreshment breaks will be available in the exhibit area to encourage participant interaction with industry representatives. The program will follow ACCME industry guidelines.

To participate in this program, please complete/sign the enclosed Exhibitor Agreement by **February 15, 2015**. The funds (made payable to Mayo Clinic, Federal ID # 41-6011702) may be received **no later than March 10, 2015**. Please return your completed/signed letter of agreement and exhibitor registration form to, Ms. Jane Juenger, at the address/fax listed below.

Mayo Clinic
ATTN: Jane Juenger
200 1st Street SW – Gonda 6
Rochester, MN 55905 Fax: 507-538-0146

email: Juenger.jane@mayo.edu

We hope you are able to join us for this educational meeting. If you have any additional questions regarding this meeting, please feel free to contact me at (507) 284-6732 or via e-mail at ctri@mayo.edu.

With best regards,



Charlene R. Tri
Cardiovascular CME Coordinator

CRT/jac



Mayo School of Continuous Professional Development

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: Heart Failure Management for Nurse Practitioners, Physician Assistants and Primary Care Providers

Location: Lake Buena Vista, Florida

Date(s): March 19-21, 2015

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 _____

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 distribute promotional materials at their exhibit space only. 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- Mayo School of CPD. Please identify name of course on the check stub.

AGREED

EXHIBITOR Representative: _____
(Name) (Signature)

PROVIDER Representative: Charlene Tri
(Name) (Signature)
200 First Street SW
Rochester, MN 55905
Telephone: 507-284-6732
Fax: 507-538-0146



Heart Failure Management for Nurse Practitioners, Physician Assistants, and Primary Care Providers

March 19-21, 2015
Disney's BoardWalk Resort
Lake Buena Vista, FL

Exhibitor Registration Form

Company Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Name of Representative
In charge of exhibit: _____
(Please type or print name exactly as you want it to appear on the name tag)

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 \$ _____ 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? Yes No If so, how many? _____
- Electricity (220-volt power outlet)? Yes No If so, how many? _____
- Electricity (110-volt power outlet)? Yes No If so, how many? _____
- Additional special equipment or requests? Please identify: _____

Complete and return this form by **February 15, 2015** to:

Mayo Clinic
ATTN: **Jane Juenger**
200 First Street SW – Gonda 6
Rochester, Minnesota 55905
Fax: 507-538-0146
Email: juenger.jane@mayo.edu