

Charlene R. Tri

Cardiovascular CME Coordinator 200 1st Street SW – Gonda 6 Rochester, MN 55905

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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

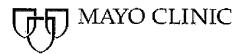
We hope you are able to join us for this educational meeting. If you have any additional questions regarding this meeting, please feel free to contact me at (507) 284-6732 or via e-mail at ctri@mayo.edu.

With best regards,

Charlene R. Tri

Cardiovascular CME Coordinator

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Mayo School of Continuous Professional Development

Exhibitor Agreement Regarding the Terms and Conditions for a Commercial Exhibit						
Activity Title: <u>Heart Failure M</u> Care Providers	Sanagement for Nurse Pra	actitioners, Physician Assistants and Primary				
Location: Lake Buena Vista,	<u>Florida</u>	Date(s): March 19-21, 2015				
	linic College of Medicine AND	– Mayo School of CPD				
Commercial Company (EXHI	BITOR):					
Address:	Fax	Email				
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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						
EVUIDITOD Damagantativas						
EXHIBITOR Representative:	(Name)	(Signature)				
PROVIDER Representative:	Charlene Tri					
	(Name)	(Signature)				

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Rochester, MN 55905
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requests? Please identify:

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 Regist	ration Forn
Company Name:					
Mailing Address:					
City/State/Zip Code:					
Name of Representative In charge of exhibit:	(Please type or p	rint name exa 	actly as you v	vant it to appear on the name tag)	
Mailing Address:					
City/State/Zip Code:					
Business Telephone:		·····			
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Other Representative Names & Mailing Addresses:		_			
Our company will: Pay a display fee of Not be able to part address on file for	of \$ to exhibiting to the exhibition of the	oit our produ ational oppo	cts/services a	at this course. time. Please keep my name and c	ompany's
Display Information Does your display requ					
 An 8' table for disj 		☐ Yes	☐ No	If so, how many?	
• Electricity (220-vo	- ,	Yes	☐ No	If so, how many?	
• Electricity (110-vo		☐ Yes	☐ No	If so, how many?	
 Additional special 	equipment or				

Complete and return this form by **February 15, 201**5 to:

Mayo Clinic

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Rochester, Minnesota 55905
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Email: juenger.jane@mayo.edu