

Greetings,

We would like to provide an opportunity for your company to exhibit at *Mayo Clinic's* 25th *Annual Symposium on Sports Medicine* to be held at Heritage Hall, Kahler Grand Hotel, Rochester, MN on November 13-14, 2015. The fee to exhibit at this course is \$1,500. If you are interested in exhibiting, please complete the *Exhibitor Registration Form* and *Exhibitor Agreement* below.

Symposium Description

This course is designed to provide the latest diagnostic and treatment strategies for sports related and musculoskeletal conditions. The program is multidisciplinary with expert lecturers representing various sports medicine fields. Multiple educational formats will be used, including case presentations, as well as live demonstrations of physical examination, anatomy, and arthroscopy.

We are anticipating 250 attendees. More information regarding this course will be on our course website in the near future (ce.mayo.edu; Search: Sports).

Credit Information

Mayo Clinic College of Medicine is accredited by the Accreditation Council for Continuing Medical Education, has designated this educational activity for a maximum of 11.0 AMA PRA Category 1 $Credits(s)^{TM}$.

Thank you in advance for your support!

Sincerely,

Jacob L. Sellon, M.D. *Course Director*

Edward R.Laskowski, M.D. Michael J. Stuart, M.D. Course Co-Directors



Mayo School of Continuous Professional Development (MSCPD)

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Exhibitor Agreement Regarding the Terms and Conditions for a Commercial Exhibit					
Activity Title:	: 25 th Annual Mayo Clinic Symposium on Sports Medicine Activity Number: 2015R907				
Location:	Kahler Grand Hotel, Rochester, MN Date(s) November 13-14, 2015				
Agreement between: ACCREDITED PROVIDER (PROVIDER): Mayo Clinic College of Medicine – Mayo School of CPD AND					
Name of Commercial Company (EXHIBITOR):(as it should appear on printed materials)					
Name of Person	on Exhibiting:				
Address:					
Telephone:	Fax: Email:				
The named EXHIBITOR wishes to exhibit at the above named activity for the amount of \$1500.					
Payment Information					
Check					
Mayo School of	ayable to Mayo Clinic and remit to: of Continuous Professional Development Meeting Registrars				

☐ Check				
Make check payable to Mayo Clinic and remit to: Mayo School of Continuous Professional Development Attn: Meeting Registrars Plummer 2-60 200 First Street SW Rochester, MN 55905				
(Identify course name on check - Mayo Clinic Hand Surgery Course)				
☐ Credit Card Contact The Mayo School of Continuous Professional Development via phone at 507.284.2509 to pay with a credit card.				
☐ Electronic Transfer \$25 fee Contact The Mayo School of Continuous Professional Development via phone at 507.284.2509 for account information.				
Federal Tax ID Number is 41-6011702				

Exhibitor Agreement – Page 2

By signing below, I agree to the "Terms and Conditions" outlined on Page 2 of this Exhibitor Agreement (including

ACCME Standards for Com	mercial Support):		
EXHIBITOR Representative:			
(I understand and agree that typing my name above is the electronic equivalent of a written signature)			
PROVIDER Representative:			
	(Signature)	(Date)	

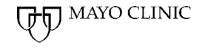
TERMS AND CONDITIONS

- 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 not distribute promotional materials. 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.** Please identify course name on the check stub.

Please fax completed Exhibitor Agreement to: (507) 538-7234 Attn: Linda Gochnauer Or email Linda Gochnauer at Gochnauer.linda@mayo.edu



25th Annual Symposium on Sports Medicine

November 13-14, 2015 Kahler Grand Hotel Rochester, Minnesota

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: (p	se check the appropriate box)	
_ ,	\$ 1,500 to exhibit our products/services at this course.	
	ipate in this educational opportunity at this time. Please keep my name and company's	
_	ture opportunities.	
Display Information:		
Does your display req	re:	
• A 6' table for disp		
Additional special		
requests*? Please	• •	

*Note that all requests may not be accommodated. We will contact you in regards to any special requests.

Complete and return this form by October 30, 2015 to:
Linda Gochnauer, CPD

Mayo School of Continuous Professional Development
Plummer 2-60
200 First Street SW
Rochester, Minnesota 55905

gochnauer.linda@mayo.edu | Fax: (507) 538-7234