

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)

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: 25th 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 Exhibiting: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

The named EXHIBITOR wishes to exhibit at the above named activity for the amount of **\$1500.**

Payment Information

☐ **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 Commercial Support):

EXHIBITOR Representative: _____
(I understand and agree that typing my name above is the electronic equivalent of a written signature) (Date)

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: *(please check the appropriate box)*

- ☐ Pay a display fee of \$ 1,500 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:

- A 6' table for display? ☐ Yes ☐ No
- Additional special equipment or requests*? Please identify: _____

*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