



March 21, 2016

Dear Exhibitor:

On behalf of course directors Richard Joseph, M.D., Sanjay Bagaria, M.D., and Scott Fosko, M.D. we hope you will consider a display opportunity at our [Cutaneous Oncology Symposium 2016](#) held September 23-24, 2016 at One Ocean Resort & Spa in Atlantic Beach, Florida. We expect around 100 dermatologists, surgical oncologists, medical oncologists, plastic surgeons, physicians in internal medicine & family, as well as physician extenders such as Nurse Practitioners and Physician Assistants that practice in the aforementioned specialties.

Display fees are \$2,000 for the full two 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 9.0 *AMA PRA Category 1 Credit(s)*TM 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,

Tiffany Blake
Education Administration Coordinator

Make checks payable to:

Mayo Clinic
Attn: Tiffany Blake – Cutaneous Oncology
4500 San Pablo Road
Stable 790N- Education
Jacksonville, FL 32224
Tax ID: 59-3337028



Mayo School of Continuous Professional Development (MSCPD)

Exhibitor Agreement

Activity Title	Cutaneous Oncology Symposium 2016
Activity Number	2016J684
Location	One Ocean Resort & Spa, Atlantic Beach, FL
Dates	September 23-24, 2016

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine – MSCPD 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	\$2,000

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	Date
Tiffany Blake		

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 or Wire Transfer
Make payable to: Mayo Clinic Florida Mayo School of Continuous Professional Development Stabile 790N 4500 San Pablo Road Jacksonville, FL 32224 Please identify Cutaneous Oncology on the check.	For payment by credit card or wire transfer, please call the MSCPD office at 800-462-9633 <i>Do not send credit card information via email or fax.</i>

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

Please list additional requests here: