



200 First Street SW
Mayo 19-12
Rochester, Minnesota 55905

**Division of Nephrology and
Hypertension**

Greetings,

On behalf of the Division of Nephrology and Hypertension, we are pleased to announce the 16th Annual Mayo Clinic Update in Nephrology and Transplantation course, taking place on February 23-24, 2018, at the Omni Amelia Island Plantation Resort in Amelia Island, FL.

The opportunity for health care providers to meet with various representatives to discuss products and services is often limited. As a colleague and key representative in an ever-changing health care industry, we invite you to participate in our program to share information with our attendees. We are expecting approximately 100-125 attendees for this course. ***We will have exhibits as part of the program and the fee to display at this course is \$2,000.00.***

In addition to the possibility of exhibiting, we have an exciting new opportunity this year. We are seeking unrestricted educational grants to support this course. In order to acknowledge the differing degrees of support offered by various grantors, we will have a tiered funding level. All companies participating will have their support acknowledged appropriately. The tiers are as follows:

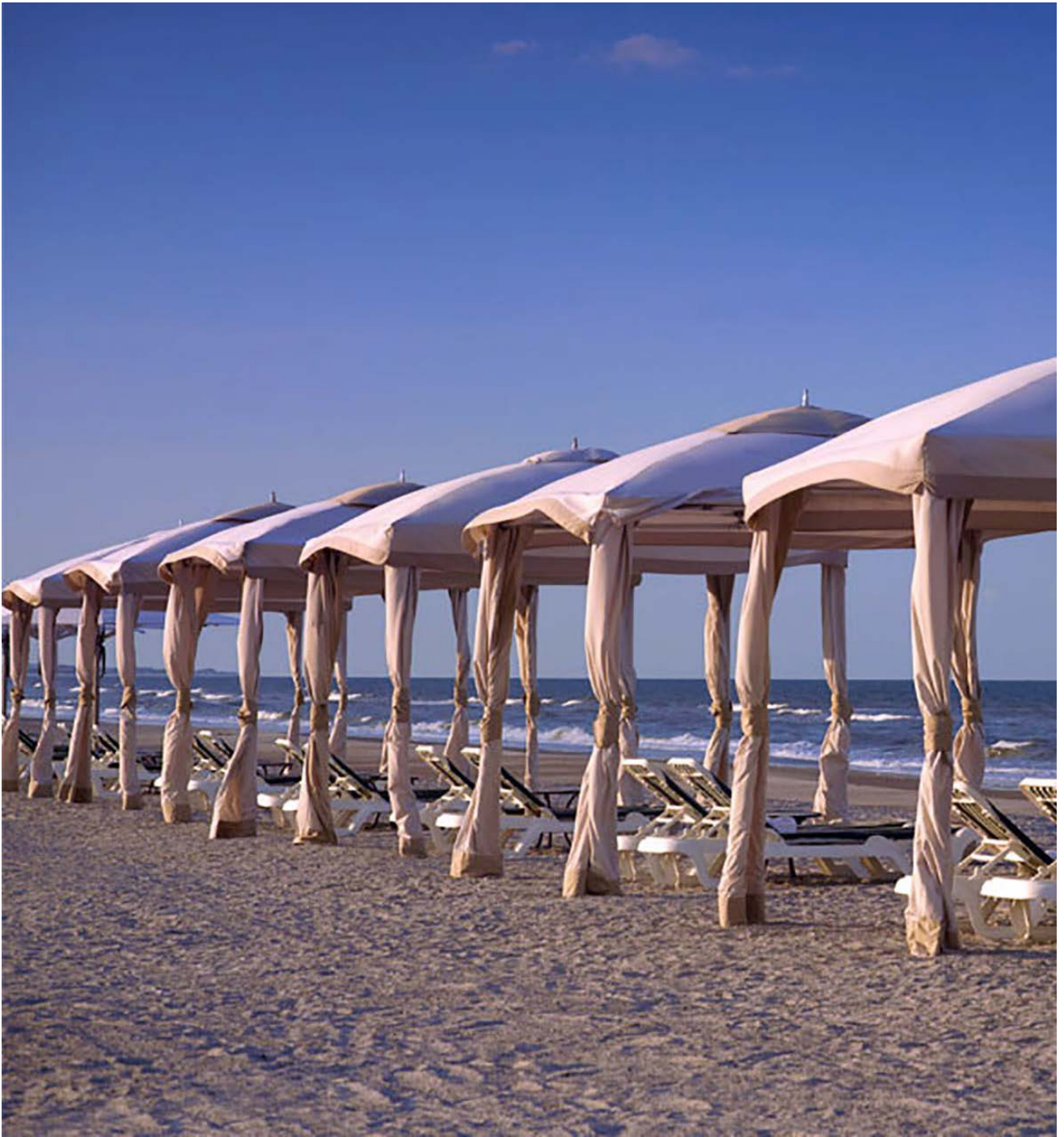
Diamond	\$20,000 +
Platinum	\$15,000 - \$20,000
Gold	\$10,000 - \$15,000
Silver	\$5,000 - \$10,000

If you are interested in exhibiting and/or considering an unrestricted educational grant, please return the enclosed registration form and letter of agreement to the address on the form. For your information, the Mayo Tax ID Number is 41-6011702, please make checks payable to Mayo Clinic and include the course name on the check stub.

If you have any questions about our program or need additional information, please feel free to contact us.

Sincerely,

Kathy Hegna Zelinske
Education Program Coordinator
507-266-1044
zelinske.kathleen@mayo.edu



General Information

**16th Annual Mayo Clinic Update in Nephrology and Transplantation
February 23-24, 2018**

Omni Amelia Island Plantation Resort
39 Beach Lagoon Road
Amelia Island, FL 32034
Phone: 904-261-6161

Hotel

To secure your room at the Omni Amelia Island Plantation Resort, make reservations online [Omni Amelia Island Plantation Resort](#) or by calling Omni Reservations at 1-888-261-6161 and ask for the *16th Annual Mayo Clinic Update in Nephrology and Transplantation* group discount. The **room rate is \$229** single/double a night. When you make your reservation, please be sure to ask about any additional early departure fees or cancellation penalties. **January 22, 2018** is the deadline for this rate.

Transportation

On-site complimentary parking or valet parking (25.00/day) is located at the Omni Amelia Island Plantation Resort.

Exhibit Location

All sessions will be held at the Omni Amelia Island Plantation Resort, 39 Beach Lagoon Road, Amelia Island, FL 32034. The General Session will be in Magnolia E and F meeting rooms. All meals and refreshment breaks will be in Magnolia D which is the same location that all exhibitors will be set up. Main visitations will be during each continental breakfast, lunch, and refreshment break to be held in the exhibit area.

Exhibit Fee Includes (\$2,000.00)

- 6' Table and Chair(s)
 - Exhibitor Badge(s)
 - Acknowledgement at Conference
 - Food Functions
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Shipments

- Do not ship more than **3 days** prior to the program.
- **Number the boxes** "1 of 6", "2 of 6", etc.

Shipping Address:

Omni Amelia Island Plantation Resort
ATTN: Exhibitor Personnel's Name (Mayo Clinic Update in Nephrology Course –
February 23-24)
39 Beach Lagoon Road
Amelia Island, FL 32034

Installation and Dismantling

Installation will be Thursday, February 22 beginning at 7:00 p.m.

Dismantling will be Saturday, February 24 after 3:30 p.m.

Exhibit Schedule

Meeting Coordinator: Kathy Hegna Zelinske/Phone: 507-266-1044/Fax: 507-266-7891
E-mail: zelinske.kathleen@mayo.edu

The exhibits/meals/breaks will be in Magnolia D as follows:

Thursday, Feb 22	7:00 p.m.	<i>Exhibit set-up in Magnolia D</i>
Friday, Feb 23	6:30 – 7:30 a.m.	Continental Breakfast
	9:45 – 10:15 a.m.	Refreshment Break
	12:00 – 1:00 p.m.	Lunch
	3:15 – 3:45 p.m.	Refreshment Break
Saturday, Feb 24	6:45 – 7:30 a.m.	Continental Breakfast
	9:45 – 10:15 a.m.	Refreshment Break
	12:00 – 1:00 p.m.	Lunch
	3:00 – 3:30 p.m.	Refreshment Break
	6:00 p.m.	<i>Meeting Adjourns</i>

16th Annual Mayo Clinic Update in Nephrology and Transplantation
February 23-24, 2018
Exhibitor Registration Form

(Please print/type information exactly as you want it to appear on the name tag.)

Company Name: _____
Name of Primary Exhibitor: 1. _____
Name of Additional Exhibitor: 2. _____
Mailing Address: _____
City/State/Zip Code: _____
Telephone Number: _____
Fax Number: _____
E-mail address: _____

*(*a maximum of two representatives are allowed per exhibit).*

For your information, the Mayo Tax ID Number is 41-6011702. Please make checks payable to Mayo Clinic and include the course name on the check.

Our company will: *(please check the appropriate box)*

- Support this course with an exhibit fee \$ 2,000.00.
- Decline to participate at this time. Please keep my name and address on file for future opportunities.
- Please remove my name from your files.

Display Information: A 6' table will be provided for your exhibit.

Complete and return this form along with a company check to:

**Kathy Hegna Zelinske
Mayo Clinic
Division of Nephrology and Hypertension
Mayo Building 19-12
200 First Street SW
Rochester, MN 55905
Fax: 507-266-7891
Phone: 507-266-1044
Email: zelinske.kathleen@mayo.edu**

Mayo Clinic School of Continuous Professional Development (MCSCP) Exhibitor Agreement

Activity Title	16 th Annual Mayo Clinic Update in Nephrology and Transplantation 2018
Activity Number	18R05761
Location	Omni Amelia Island Plantation Resort, Amelia Island, FL
Dates	February 23-24, 2018

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine and Science – MCSCP 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	\$

NOTE: There may be additional charges depending on the meeting location (power, internet access, etc.).
Please list additional requests here: (please note: additional requests may incur additional fees)

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

PAYMENT INFORMATION

Please indicate your method of payment:

PROVIDER **Federal Tax ID number is 41-6011702.**

Please remit check payable to: Mayo Clinic. Please identify name of course on the check stub.

<input type="checkbox"/> Check	
Make payable to: Mayo Clinic Mayo Clinic Division of Nephrology and Hypertension Mayo Building 19-12 200 First St SW Rochester, MN 55905 Please identify 16th Annual Mayo Clinic Update in Nephrology and Transplantation on the check.	

Complete and return this form along with your payment made to Mayo Clinic,
 Federal Tax ID# 41-6011702
 Kathy Hegna Zelinske
 Mayo Clinic
 Division of Nephrology and Hypertension
 Mayo Building 19-12
 200 First St SW
 Rochester, MN 55905
 T: 507-266-1044