



August 25, 2016

Dear Exhibitor

On behalf of course directors Brian Shapiro, M.D. & Patricia Mergo, M.D., we hope you will consider a display opportunity at our dual, simultaneous courses ***Advanced Cardiovascular Imaging & Diagnostic Radiology Case-Based Review: Pearls and Pointers 2017***. This course will be held January 5-8, 2017 at The Four Seasons in Orlando, FL. We expect around 100 practicing radiologists and cardiologists and resident physicians training in Diagnostic Radiology who work directly with diagnostic imaging, as well as allied health in said areas (i.e. NPs, PA, RadTechs, Nurses, and MRI techs).

Display fees are \$2,000 for the full 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 up to *32.75 AMA PRA Category 1 Credit(s)*™ 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: 17J04993/T.Blake
4500 San Pablo Road
Stabile 790N- Education
Jacksonville, FL 32224
Tax ID: 59-3337028



Mayo School of Continuous Professional Development

Activity Title	Advanced Cardiovascular Imaging & Diagnostic Radiology Case-Based Review: Pearls and Pointers 2017
Activity Number	17J04993
Location	Four Seasons, Orlando, FL
Dates	January 5-8, 2017

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine – Mayo School of CPD AND:

Commercial Company (Exhibitor)	
Name of Person(s) Exhibiting – <i>maximum of two representatives allowed per exhibit</i>	
Address	
Telephone	
Fax	
Email	
The named exhibitor wishes to exhibit at the above named activity for the amount of	\$2,000.00

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 only distribute educational promotional materials at their exhibit space. Distribution of non-educational items (pens, notepads, etc.), pharmaceuticals or product 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 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.
- EXHIBITOR may place a formal inquiry about potential sales of products within the exhibit. MSCPD holds the right to provide an exemption based decision on product sales.
- 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.

Payment Information

Please indicate your method of payment:

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Wire Transfer
Make payable to: Mayo Clinic CPD Attn: Tiffany Blake 4500 San Pablo Rd. S. Jacksonville, FL 32224 Please identify 17J04993 on the check.	Call the Mayo Clinic Registrar at 800-462-9633 <i>Do not send credit card information via email or fax.</i>	<i>There is a \$25 fee for wire transfers.</i> SENDING BANK: Wire funds, in US dollars, directly to correspondent United States Bank of your choice FOR FURTHER CREDIT TO: Wells Fargo Bank, NA 420 Montgomery Street San Francisco, CA 94104 SWIFT – WFBUS6S ABA 121000248 Mayo Clinic Jacksonville Account # 2115700031026 REFERENCE Course title: 17J04993.

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

Exhibitor Representative	Name	Signature
Mayo Clinic Representative	Name	Signature