



October 21, 2015

**Charlene R. Tri**

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Dear Potential Exhibitor:

We are pleased to extend an invitation to exhibit at the 2016 Mayo Clinic symposium ***Arrhythmias & the Heart: A Cardiovascular Update***. *Arrhythmias & the Heart: A Cardiovascular Update* will be held **February 1-5, 2016** at the **Fairmont Kea Lani** in Wailea, Maui. Drs. Paul Friedman, Stephen Hammill, and Douglas Packer are the program directors.

The program is designed for cardiologists, internists, family practitioners and cardiovascular nurse specialists. The program format explores approaches to diagnosis, management, and prevention of common rhythm disorders with a day devoted to arrhythmias associated with congestive heart failure. Course highlights include atrial fibrillation, heart failure, sudden cardiac death, and congenital heart disease along with case management discussions. Discussions will be enhanced with audience interaction that emphasizes preferred treatment options, including pharmacologic approaches, utilization of medical devices, and catheter ablation. Additional topics to include preventive cardiology, vascular disease, ischemic disease, valve disease and adult congenital heart disease.

The exhibit fee for this conference is \$2,000 to participate with an educational display of your products and/or services. You will be provided with a 6' draped table and will be appropriately recognized for your participation to our attendees in course materials. Continental breakfasts and refreshment breaks will be available in the exhibit area to encourage participant interaction with industry representatives. The program will follow ACCME industry guidelines.

To participate in this program, please complete/sign the enclosed Exhibitor Agreement by **December 31, 2015**. The funds (made payable to Mayo Clinic, Federal ID # 41-6011702) may be received **no later than January 15, 2016**. Please return your completed/signed Agreement to Ms. Jane Juenger.

**Mayo Clinic**  
**ATTN: Jane Juenger**  
**200 1<sup>st</sup> Street SW – Gonda 6**  
**Rochester, MN 55905**

**Email: [Juenger.Jane@mayo.edu](mailto:Juenger.Jane@mayo.edu)**

We hope you are able to join us for this long-standing and informative educational meeting. If you have any additional questions regarding this meeting, please feel free to contact me at (507) 284-6732 or via e-mail at [ctri@mayo.edu](mailto:ctri@mayo.edu).

With best regards,

A handwritten signature in black ink that reads 'Charlene Tri'.

Charlene R. Tri  
Cardiovascular Education Specialist



## Mayo School of Continuous Professional Development (MSCPD)

### Exhibitor Agreement

*Regarding the Terms and Conditions for a Commercial Exhibit*

Activity Title: Arrhythmias and the Heart: Cardiac Update Activity Number: \_\_\_\_\_

Location: Fairmont Kea Lani - Maui Date(s) Feb. 1 – 15, 2016

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 \$ \_\_\_\_\_

**By signing below, I agree to the “Terms and Conditions” outlined on 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:  10-1-2015  
(Signature) (Date)

### TERMS AND CONDITIONS

- EXHIBITOR agrees to abide by ACCME Standards for Commercial Support as stated at [www.accme.org](http://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.



## Arrhythmias & the Heart: A Cardiovascular Update

February 1-5, 2016

Fairmont Kea Lani

Wailea, Maui, Hawaii

### 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 \$ \_\_\_\_\_ 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:

An 8' table for display?  Yes  No If so, how many? \_\_\_\_\_  
Electricity (220-volt power outlet)?  Yes  No If so, how many? \_\_\_\_\_  
Electricity (110-volt power outlet)?  Yes  No If so, how many? \_\_\_\_\_

Additional special equipment or requests? Please identify: \_\_\_\_\_

**Complete and return this form by December 31, 2015 to:**

**Mayo Clinic**

**ATTN:** Jane Juenger

200 First Street SW – Gonda 6  
Rochester, Minnesota 55905

Email: [juenger.jane@mayo.edu](mailto:juenger.jane@mayo.edu)