

September 28, 2015

Dear Potential Exhibitor,

On behalf of Mayo Clinic's Division of Cardiovascular Diseases, we are pleased to announce our "**Cardiovascular Conference at Snowbird**" course that will be held **February 12 – 15, 2016** at Cliff Lodge in Snowbird, Utah.

More details can be found on the course website at: celinks.mayo.edu/snowbird

The program is designed for clinical cardiologists, cardiac surgeons, general internists, and allied health personnel with a cardiovascular interest. We hope to improve the care of patients with cardiovascular disease by providing a dynamic and interactive educational experience for clinical practitioners. The program will provide timely data from the latest clinical trials and updates on state-of-the-art techniques through lectures, case presentations, and interactive discussions. This activity has been approved for 18 *AMA PRA Category 1 Credits*[™].

We would like your company to partner with us in making this program a success. This is only possible with support from forward looking companies such as yours. This letter is an invitation to exhibit only. **The exhibit fee is \$2,000.** The program will follow ACCME industry guidelines. Invitations to exhibit have been extended to multiple companies.

To exhibit at this program, please complete/sign the enclosed Exhibitor Agreement and exhibitor registration form. The funds (made payable to Mayo Clinic, Federal ID # 41-6011702) may be received **no later than January 31, 2016.** Please return your completed/signed Agreement to the address or email listed below.

Mayo Clinic
ATTN: Jane Juenger
200 1st Street SW – Gonda 6-472
Rochester, MN 55905
Email: juenger.jane@mayo.edu

Thank you in advance for your continued support.

Sincerely,



Charlene Tri
Mayo Cardiovascular Diseases
Education Specialist



Mayo School of Continuous Professional Development

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: Cardiovascular Conference at Snowbird

Location: Snowbird, UT

Date(s): February 12 – 15, 2016

Agreement between: ACCREDITED PROVIDER (PROVIDER):

Mayo Clinic College of Medicine – Mayo School of CPD
AND

Commercial Company (EXHIBITOR): _____

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.” “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 distribute promotional materials at their exhibit space only. 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- Mayo School of CPD. Please identify name of course on the check stub.

AGREED

EXHIBITOR Representative: _____
(Name)

(Signature)

PROVIDER Representative: Charlene Tri
(Name)
200 1st Street SW; Gonda 6
Rochester, MN 55905
Telephone: 507-284-6732

Charlene Tri
(Signature)

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 outlet)? Yes No If so, how many? _____
- Electricity (110-volt tower outlet)? Yes No If so, how many? _____
- Additional special equipment or requests? Please identify: _____

Complete and return this form by January 31, 2016 to: juenger.jane@mayo.edu