



**Mayo Clinic School of Continuous
Professional Development**
13400 East Shea Boulevard
Scottsdale, Arizona 85259
Telephone: 480-301-4580

Dear Representative,

On behalf of Mayo Clinic Division of Gastroenterology and Mayo Clinic School of Continuous Professional Development, we are excited to announce the **6th Annual Mayo Clinic Esophageal Diseases Course** will be held Friday and Saturday, November 30- December 1, 2018 at Mayo Clinic Franke Education Center, located on our Mayo Clinic Hospital campus in Phoenix, Arizona. For your convenience, attached is the course program schedule which includes presentation topics and faculty listing. We extend this invitation to join us and exhibit at our continuing medical education activity.

We have developed an outstanding course featuring esophageal experts from Mayo Clinic campuses in Rochester, Minnesota; Jacksonville, Florida; Scottsdale and Phoenix, Arizona. Last year we had over 130 participants from across the United States and internationally attend the course. Our program includes didactic presentations supplemented with videos and case discussions, as well as highly engaging panel discussions. A special feature of this course is a hands-on workshop Saturday morning for interpretation and performance of motility studies, new endoscopic imaging techniques, endoscopic mucosal resection, ablation and cryotherapy.

This year, to accommodate advanced practice providers and nurses whose scope of practice may not include procedures, we are offering a special concurrent session Saturday morning. Topics which will be addressed include clinical utility of high-resolution manometry, GERD, achalasia, and Barrett's Esophagus.

The exhibit fee is **\$2,750**. Space is limited; early registration is advised. Exhibits will be located adjacent to the meeting room. Exhibits should be staffed during breakfast, refreshment breaks and lunches each day, as well as the welcome reception Friday evening. The welcome reception is a great time to meet Mayo Clinic faculty and provides additional opportunities to visit with course attendees. The exhibit fee includes a 6' table (table top display); attendee list including name, degree, city, state to be distributed at the course; and acknowledgement with signage and announcements during the course.

If you will participate as an exhibitor, please complete the attached exhibitor agreement and return it along with your payment to Kristy Badder, Mayo Clinic School of CPD, 13400 East Shea Boulevard, Scottsdale, AZ 85259. Please make checks payable to Mayo Clinic Arizona and denote "**EsophDis2018**" on all correspondence. Mayo Clinic's tax ID number is 86-0800150. Our W-9 form is attached for your convenience.

On behalf of Mayo Clinic Division of Gastroenterology, thank you for your consideration. We look forward to seeing you in Phoenix in November!

Sincerely,

Marcelo F. Vela, M.D.
Course Director
Professor of Medicine
Mayo Clinic College of Medicine & Science

Prasad G. Iyer, M.D.
Course Co-Director
Professor of Medicine
Mayo Clinic College of Medicine & Science

David A. Katzka, M.D.
Course Co-Director
Professor of Medicine
Mayo Clinic College of Medicine & Science

Herbert C. Wolfsen, M.D.
Course Co-Director
Professor of Medicine
Mayo Clinic College of Medicine & Science

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

Activity Title	6 th Annual Mayo Clinic Esophageal Diseases Course
Activity Number	18S05938
Location	Mayo Clinic Franke Education Center, Phoenix, Arizona
Activity Date(s)	November 30-December 1, 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	\$2,750

NOTE: There may also 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 EXHIBITOR is obligated to provide full payment of all amounts due under this agreement 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.
- If this agreement is cancelled by either party forty-five (45) days or more in advance of the Activity Date, PROVIDER will refund the Exhibit Fee less a \$300 processing fee. If this agreement is cancelled by EXHIBITOR less than forty-five (45) days in advance of the Activity Date, the total amount due under this Agreement shall be immediately due and payable to PROVIDER.

- 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.

Note: All exhibitors must be approved by MCSCPD and this agreement is not binding until both parties have signed. MCSCPD maintains the right to refuse any exhibitor.

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
Kristy Badder		

PAYMENT INFORMATION

Please indicate your method of payment:

PROVIDER **Federal Tax ID number is 86-0800150.**

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

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card or Wire Transfer
<p>Make payable to Mayo Clinic Arizona and remit to:</p> <p>Mayo Clinic School of Continuous Professional Development Attn: Kristy Badder 13400 East Shea Blvd. Scottsdale, AZ 85259</p> <p>Please identify course 18S05938 on the check.</p>	<p>For payment by credit card or wire transfer, please call the MCSCPD Registrar at 480-301-4580</p> <p><i>Do not send credit card information via email or fax.</i></p>

Complete and return this form along with your payment made to Mayo Clinic Arizona, Federal Tax ID# 86-0800150 to:

exhibits@mayo.edu or mail to:

Mayo Clinic School of Continuous Professional Development
 Attn: Kristy Badder
 13400 East Shea Blvd.
 Scottsdale, AZ 85259
 T: 480-301-4580 F: 480-301-9161

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p><u>Mayo Clinic Arizona</u></p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ <u>501 (c) (3) tax-exempt nonprofit corporation</u></p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) <u>1</u></p> <p>Exemption from FATCA reporting code (if any) <u>A</u></p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p><u>13400 East Shea Boulevard</u></p> <p>6 City, state, and ZIP code</p> <p><u>Scottsdale, AZ 85259</u></p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
8	6	-	0	8	0	0	1	5	0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>1-2-18</u>
------------------	----------------------------	----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.