

December 14, 2016

Dear Exhibitor,

On behalf of course directors Michael Wallace, M.D., Horacio Asbun, M.D., John Stauffer, M.D. and Victoria Gomez, M.D., we hope you will consider a display opportunity at our course, "2nd Annual Gastrointestinal Advances in Endoscopy and Minimally Invasive Surgery: Where Are We in 2017?" held June 16, 2017 – June 18, 2017. We expect around 75 gastrointestinal physicians and surgeons, GI and surgical trainees, nurses and allied health attendees.

Display fees are \$2500 for the full three-day course. Space is limited and table assignments will be made on a first come, first served basis depending 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 13.5 AMA PRA Category 1 Credit(s)TM 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,

Victoria Clifton CME Specialist

Make checks payable to:

Victoria Clifto

Mayo Clinic

Attn: Victoria Clifton 4500 San Pablo Road Stabile 790N- Education Jacksonville, FL 32224 Tax ID: 59-3337028



Mayo School of Continuous Professional Development

| Activity Title | 2nd Annual Gastrointestinal Advances in Endoscopy and Minimally Invasive | |
|-----------------|--|--|
| | Surgery: Where Are We in 2017? | |
| Activity Number | 17J04994 | |
| Location | Kinne Auditorium, Mayo Clinic, Jacksonville, FL | |
| Dates | June 16, 2017 – June 18, 2017 | |

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

| Commercial Company (Exhibitor) | | |
|---|--|--------|
| Name of Person(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 | | \$2500 |

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 I | nformation |
|-----------|------------|
|-----------|------------|

Please indicate your method of payment:

| □ Check | ☐ Credit Card |
|--|---|
| Make payable to: | Call the Mayo Clinic Registrar at |
| Mayo Clinic CPD | 800-462-9633 |
| Attn: Victoria Clifton | |
| 4500 San Pablo Rd. S. | Do not send credit card information via email or fax. |
| Jacksonville, FL 32224 | |
| | |
| Please identify 17J04994 on the check. | |
| | |

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 |
| | | |
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