



4500 San Pablo Road  
Jacksonville, Florida 32224  
904-953-7050  
Tax ID: 59-3337028

February 27, 2017

Dear Exhibitor,

On behalf of course directors, Andy Abril, M.D. and Benjamin Wang, M.D., we hope you will consider a display opportunity at our ***3rd Annual Rheumatology Review for Primary Care*** held **May 11-13, 2017**. We expect around 100 practicing internists, primary care physicians, residents and fellows.

This three-day course provides internists and general practitioners with an up-to-date focus on Rheumatologic disorders and provides a complete general review for rheumatologist and rheumatology Fellows. From this course, participants gain a better understanding of how to recognize and diagnose common rheumatologic disorders, which patients can be managed in their practices and which need referral to a specialist. Residents and fellows will have the opportunity to participate by submitting original studies for poster presentations.

Display fees are \$2000 for all 3 days at the 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. 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.

Lauren Perdue  
Education Administration Coordinator

Make checks payable to:  
Mayo Clinic CPD  
Attn: Lauren Perdue, 17J04967  
4500 San Pablo Road  
Stabile 790N- Education  
Jacksonville, FL 32224  
Tax ID: 59-3337028

## Mayo School of Continuous Professional Development (MSCPD) Exhibitor Agreement

Activity Title	3rd Annual Rheumatology Review for Primary Care
Activity Number	17J04967
Location	Ritz Carlton, Amelia Island, FL
Dates	5/11/17-5/13/17

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine – MSCPD 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	\$ 2,000.00

### 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." "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 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.

**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

### ***PAYMENT INFORMATION***

Please indicate your method of payment:

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.

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card or Wire Transfer
Make payable to: Mayo Clinic Florida, CPD Attn: Lauren Perdue Stabile 790N 4500 San Pablo Road Jacksonville, FL 32224  Please identify <b>17J04967</b> on the check.	For payment by credit card or wire transfer, please call the MSCPD at 800-462-9633  <i>Do not send credit card information via email or fax.</i>

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