



**Mayo School of Continuous Professional Development (MSCPD)
Exhibitor Agreement / Friends of Mayo**

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

Activity Title	Mayo Clinic Symposium on Regenerative Medicine & Surgery 2018	
Activity Number	18R06331	
Location	The Westin Kierland Resort & Spa, Scottsdale, AZ	
Dates	November 29- December 1, 2018	
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: (Letter of invitation includes descriptions)	<input type="checkbox"/> \$4,000 – general exhibitor	
Friends of Mayo – The named exhibitor wishes to sponsor:	<input type="checkbox"/> \$5,000 – Charging Station <input type="checkbox"/> \$2,500 – Company insert in the conference bag <input type="checkbox"/> \$1,500 – One-quarter page ad in the Program Guide Print Deadline is Friday, September 29, 2018	

TERMS AND CONDITIONS

- 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.

By signing below, I agree to the “Terms and Conditions” outlined on Page 1 of this Exhibitor Agreement:

The person signing below is authorized to enter into this agreement:

Exhibitor Representative Name	Signature	Date
Mayo Clinic Representative Name	Signature	Date

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

Exhibitor Registration

- I will need electricity – It is your responsibility to set up electrical. Please see Westin WKR Exhibit Order form on Course Website.

Company Name: _____

Name of Primary Exhibitor: 1. _____

Name of Additional Exhibitor: 2. _____

Mailing Address: _____

City/State/Zip Code: _____

Telephone Number: _____

Fax Number: _____

E-mail address: _____

*(*a maximum of two representatives are allowed per exhibit).*

PAYMENT INFORMATION

Please indicate your method of payment:

For your information, the **Mayo Tax ID Number is 41-6011702.**

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card or Wire Transfer
Make payable to: Mayo Clinic – Mayo School of CPD Mail to: Mayo Clinic School of Continuous Professional Development 200 First St SW, Plummer 2-60 Rochester, MN 55905 Please identify <u>Regenerative Medicine & Surgery</u> 2018 on the check.	For payment by credit card or wire transfer, please call the MCSCPD Registrar at 800-323-2688 <i>Do not send credit card information via email or fax.</i>

Complete and return this form to: [Lisa Linn](#)

**Mayo Clinic
School of CPD
Plummer 2-60
200 First Street,
SW Rochester,
MN 55905
FAX: 507-538-7234**