

Dear Exhibitor:

On behalf of course directors Dr. David Bell and Christina Chen and the Mayo Clinic School of Continuous Professional Development, we are inviting you to exhibit at our upcoming “Geriatric Update for the Primary Care Provider” continuing medical education course. The course is on November 17, 2016 at Leighton Auditorium on the Mayo Clinic campus in Rochester, MN.

This accredited program is designed to provide practicing physicians with current information on the care of the elderly, including clinical evaluation, management strategies and innovative practice models. All topics were selected for their clinical relevance.

This annual conference attracts 125-140 internists, family physicians, nurse practitioners, physician assistants, and allied health staff that have an interest in the care of the geriatric patient.

The fee to display at this course is \$1,500.

This letter is an invitation to exhibit only. Exhibit space will be in the foyer of Leighton Auditorium in the Siebens Building. The general session will take place inside Leighton Auditorium. Invitations to exhibit have been extended to several companies.

Attached is the Mayo Clinic Exhibitor Agreement and Exhibitor Registration form. In order to be listed as an exhibitor at this course, this signed letter must be returned to us, along with your check, by October 10, 2016. Retain one signed copy for your files and return the other along with payment (made payable to Mayo Clinic, Federal ID #41-6011702) *before October 10, 2016*, to Kathy Fuqua, Mayo School of Continuous Professional Development, Plummer Building 2-60, 200 1st Street SW, Rochester, MN 55905.

Specific course information and full program schedule is on the [course website](#).

We look forward to your support. If you have any questions, please contact me by telephone at (507) 266-2821 or via e-mail at reed.julie1@amayo.edu.

Thank you for your consideration. We look forward to a favorable reply.

Sincerely,



Julie Reed
CME Specialist



Mayo School of Continuous Professional Development (MSCPD) Exhibitor Agreement

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine – MSCPD

Activity Title	Geriatric Update for the Primary Care Provider
Activity Number	2016R516
Location	Leighton Auditorium, Siebens Building - Rochester, MN
Date	November 17, 2016

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	\$ 1,500

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 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 41-6011702.

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 Mayo School of Continuous Professional Development 200 First St SW, Plummer 2-60 Rochester, MN 55905 Please identify Geriatric Update on the check.	For payment by credit card or wire transfer, please call the MSCPD Registrar at 800-323-2688 <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:

Complete and return this form along with your payment made to Mayo Clinic, Federal Tax ID# 41-6011702 before **October 10, 2016** to:

Kathy Fuqua
 200 First St SW, Plummer 2-60
 Rochester, MN 55905
 Fuqua.kathy@mayo.edu



MAYO CLINIC

Mayo School of Continuous Professional Development
Geriatric Update for the Primary Care Provider
November 17, 2016
Leighton Auditorium, Mayo Clinic Rochester, Minnesota
Exhibitor Registration Form

(Please print/type information exactly as you want it to appear on the nametag)

Company Name: _____

Primary Exhibitor

Representative Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Telephone Number: _____

Fax Number: _____

E-mail address: _____

Secondary Exhibitor

Representative Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Telephone Number: _____

Fax Number: _____

E-mail address: _____

Display Information:

A 6' table will be provided for your exhibit (*a maximum of two representatives are allowed per exhibit*).

Please list additional requests here (i.e. power): _____

**Complete and return this form along with your educational grant/exhibit fee
(payable to Mayo Clinic - Mayo School of CPD, Federal ID# 41-6011702) prior to October 10, 2016 to:**

Kathy Fuqua, MSCPD
Plummer 2-60 ▪ 200 First Street SW ▪ Rochester, MN
E-mail: fuqua.kathy@Mayo.edu