



**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 and Mayo Clinic School of Continuous Professional Development, we are pleased to announce “**Mayo Clinic Hospital Medicine: Managing Complex Patients**” will be held November 8-11, 2017 at The Loews Ventana Canyon Resort in Tucson, Arizona. We invite you and your company to join us as an exhibitor at this continuing medical education program. Attached is the program schedule for your perusal. In the next few weeks, the course brochure which will include general course information, presentation topics, faculty listing and lodging accommodations will be available on our course website, [www.ce.mayo.edu/HM2017](http://www.ce.mayo.edu/HM2017).

As you know, hospital medicine is a growing medical specialty that requires a diverse skill set. Hospital-based health care providers must be able to diagnose and manage a wide variety of clinical conditions, coordinate transitions of care, provide perioperative management to surgical patients and contribute to quality improvement and hospital administration. This program has been specifically designed to ensure participants augment their skill set to meet these many challenges in an effort to enhance the delivery of health care and provide better patient outcomes.

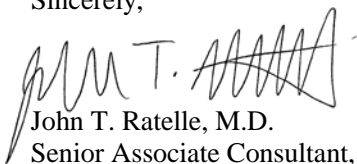
We expect over 225 inpatient care providers including hospitalists and other physicians, nurse practitioners and physician assistants from across the United States to attend our program which features didactic presentations supplemented with case and panel discussions. In addition to hospital-based providers, we also will have internal medicine and family practitioners who have indicated the topics discussed were relevant and beneficial to their outpatient practice as well.

The exhibit fee is **\$2,750**. Space is limited; early registration is encouraged. To maintain a clear separation of promotion from education, all exhibits will be held in an area adjacent to where the general sessions will be held. Exhibits should be staffed during the continental breakfast and mid-morning break each day. The exhibit fee will include a 6' skirted table for a 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.

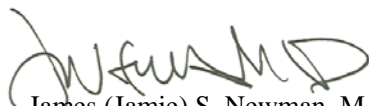
If you will participate in our course as an exhibitor, please complete the attached exhibitor agreement and return it with your payment (made payable to Mayo Clinic in Arizona) to Mayo School of Continuous Professional Development, Attn: Kristy Badder, 13400 East Shea Boulevard, Scottsdale, AZ 85259. Please denote activity **#17S04787** on all correspondence. Mayo Clinic's tax ID number is 86-0800150. Our W-9 form is attached for your convenience.

We hope you will join us for this exciting educational program in Tucson in November!

Sincerely,



John T. Ratelle, M.D.  
Senior Associate Consultant,  
Hospitalist  
Hospital Internal Medicine  
Assistant Professor of Medicine  
Mayo Clinic College of Medicine  
and Science



James (Jamie) S. Newman, M.D.  
Consultant, Hospitalist  
Hospital Internal Medicine  
Assistant Professor of History of Medicine  
Mayo Clinic College of Medicine  
and Science



Ilko V. Ivanov, M.D.  
Consultant, Hospitalist  
Hospital Internal Medicine  
Instructor in Medicine  
Mayo Clinic College of Medicine  
and Science

Attachments:

- Program Schedule
- Exhibitor Agreement
- Mayo Clinic in Arizona W-9

## Mayo Clinic School of Continuous Professional Development (MCSCPD) Exhibitor Agreement

Activity Title	Mayo Clinic Hospital Medicine: Managing Complex Patients
Activity Number	17S04787
Location	Loews Ventana Canyon Resort, Tucson, Arizona
Dates	November 8-11, 2017

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine and Science – MCSCPD 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 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](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
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
Make payable to <b>Mayo Clinic Arizona</b> and remit to:  Mayo School of Continuous Professional Development Attn: Kristy Badder 13400 East Shea Blvd. Scottsdale, AZ 85259  Please identify course <b>17S04787</b> on the check.	For payment by credit card or wire transfer, please call the MCSCPD Registrar at 480-301-4580  <i>Do not send credit card information via email or fax.</i>

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

Mayo 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.**

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

## 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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>										

**or**

<b>Employer identification number</b>									
8	6	-	0	8	0	0	1	5	0

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 on page 3.

**Sign Here** Signature of U.S. person ▶ Date ▶ 1/9/2017

## General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### 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?* on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.