



**Mayo Clinic School of Continuous
Professional Development**
13400 East Shea Boulevard
Scottsdale, Arizona 85259
480-301-4580

Dear Representative,

We are writing to request your consideration of an exhibit fee in the amount of \$2,000 for our **Mayo Clinic Headache Symposium: Creating Migraine Warriors**, being held at the Mayo Clinic Franke Education Center in Phoenix, Arizona on **March 1-3, 2019**. We expect approximately 100 health care providers. Practitioners who evaluate and treat patients with migraine and other headache disorders including internists, family medicine practitioners, emergency medicine, OB/GYN, neurologists and allied health professionals would benefit by attending. Highlights of the symposium include:

- Expert Panel Discussions
- Skill Stations in nerve blocks and onabotulinumtoxinA injection in headache
- Special Topics in Headache Treatment
- Post-traumatic Headache & Concussion
- The use of noninvasive neuromodulation and monoclonal antibodies to treat migraine

This symposium provides attendees with an update in the diagnosis and management of both primary and secondary headache disorders. Our collaborative effort is based upon a physician and education planning committee review of several needs assessments compiled from past evaluations and timely and relevant research. Our CME programs are designed to provide new knowledge, assist in the acquisition and maintenance of professional skills, as well as encourage and facilitate scholarly development of physicians.

To maintain a clear separation of promotion from education, all exhibits will be held in a different room/location than where the general sessions are held. Exhibits are open from registration until the conclusion of the final lecture on the last day. The basic exhibit fee will include a 6' skirted table for a table top display; the attendee list including name, degree, city, state to be distributed at the course; and an acknowledgement with signage and announcements during the course.

****NOTE – Mayo Clinic offers a variety of sponsorship opportunities for industry support! Please refer to the attached sponsorship description page for available opportunities!**

If you will participate, please complete the attached exhibitor agreement and return it with your payment (made payable to Mayo Clinic Arizona) to Mayo School of Continuous Professional Development, Attn: Kristy Badder, 13400 East Shea Boulevard, Scottsdale, AZ 85259. Please denote course activity #**19S06391** on all correspondence. Questions can be directed to Ms. Badder by calling (480) 301-4580, or e-mailing Exhibits@mayo.edu.

Our programs provide valuable information on unmet needs to the medical community. We sincerely appreciate your consideration of this opportunity to join us for a truly unique educational program.

Sincerely,

Rashmi B. Halker Singh, M.D.
Assistant Professor Neurology
Mayo Clinic College of Medicine

Amaal J. Starling, M.D.
Assistant Professor Neurology
Mayo Clinic College of Medicine

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

| | |
|------------------------|------------------------------------------------------------|
| Activity Title | Mayo Clinic Headache Symposium: Creating Migraine Warriors |
| Activity Number | 19S06391 |
| Location | Franke Education Center, Mayo Clinic, Phoenix, Arizona |
| Exhibit Dates | March 1-3, 2019 |

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 | \$2,000 |
| Sponsorship Opportunities | |
| <input type="checkbox"/> Lanyards (limited to one organizations) | \$2,000 |
| <input type="checkbox"/> Drawstring Bags (limited to one organization) | \$3,000 |
| <input type="checkbox"/> Conference Bag Inserts (multiple opportunities available) | \$1,500 |
| | |
| TOTAL AMOUNT | \$ |

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: 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.
- 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.

Note: All exhibitors must be approved by MCSCPD and this agreement is not binding until both parties have signed. MCSCPD maintains the right to refuse any exhibitor.

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 |
| <p>Make payable to Mayo Clinic Arizona and remit to:</p> <p>Mayo Clinic School of Continuous Professional Development Attn: Kristy Badder 13400 East Shea Blvd. Scottsdale, AZ 85259</p> <p>Please identify course 19S066391 on the check.</p> | <p>For payment by credit card or wire transfer, please call the MCSCPD Registrar at 480-301-4580</p> <p><i>Do not send credit card information via email or fax.</i></p> |

Complete and return this form along with your payment made to Mayo Clinic Arizona to exhibits@mayo.edu or mail to:

Mayo Clinic School of Continuous Professional Development
Attn: Kristy Badder
13400 East Shea Blvd.
Scottsdale, AZ 85259
T: 480-301-4580 F: 480-301-9161

Mayo Clinic School of Continuous Professional Development (MCSCPD) Sponsorship Opportunities

Lanyards - \$2,000.00 (sponsor provided pre-printed lanyards; limited to one organization)

Every attendee is required to wear a name badge, so what better way to advertise your company than with your logo on a lanyard! Why ruin a perfectly good shirt with a pin hole from a name badge, when they could be wearing it on your company lanyard! (Quantity to be determined 60 days before course)

Drawstring Bags - \$3,000.00 (sponsor provided pre-printed drawstring bags; limited to one organization)

Help keep course attendees organized by providing them with a drawstring bag to carry their course materials in with your company's logo on it! Drawstring bags to be provided by sponsor; artwork and bag are subject to MCSCPD approval. (Quantity to be determined 60 days before course)

Conference Bag Inserts - \$1,500.00 each (multiple opportunities available)

Conference bag inserts are a great opportunity to invite attendees to your booth, announce your booth participation or conference- related event. Your company will provide copies of the flyer or advertisement (no larger than 8 ½ x 11, no more than one page) and MCSCPD will stuff them into the official conference bags. A limited number of bag inserts are permitted, so early reservation is encouraged. Artwork is subject to MCSCPD approval.

**** Interested in one of our sponsorship opportunities?! Contact MCSCPD for further information at mca.cme@mayo.edu or 480-301-4580.**

As an industry supporter, if you have a sponsorship opportunity idea that isn't mentioned on this page, please contact MCSCPD to discuss.

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Mayo Clinic Arizona | | |
| 2 Business name/disregarded entity name, if different from above | | |
| 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ► 501 (c) (3) tax-exempt nonprofit corporation | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 1 Exemption from FATCA reporting code (if any) A <small>(Applies to accounts maintained outside the U.S.)</small> | |
| 5 Address (number, street, and apt. or suite no.) See instructions. 13400 East Shea Boulevard | | Requester's name and address (optional) |
| 6 City, state, and ZIP code Scottsdale, AZ 85259 | | |
| 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|---|--|
| Social security number | | | | | | | | | | |
| | | | - | | | | - | | | |
| or | | | | | | | | | | |
| Employer identification number | | | | | | | | | | |
| 8 | 6 | - | 0 | 8 | 0 | 0 | 1 | 5 | 0 | |

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 for Part II, later.

| | | |
|-----------|----------------------------------------------------------------------------------------------------------------|----------------------|
| Sign Here | Signature of U.S. person ►  | Date ► 1-2-18 |
|-----------|----------------------------------------------------------------------------------------------------------------|----------------------|

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.