



**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, Mayo Clinic School of Continuous Professional Development, and my colleague and course co-director, Rafael Fonseca, M.D., Chair, Department of Internal Medicine, I am pleased to announce Mayo Clinic's "**Clinical Multidisciplinary Hematology & Oncology: The 16th Annual Review**" will be held February 15-17, 2019 at the Omni Scottsdale Resort & Spa at Montelucia in Scottsdale, Arizona. We invite you and your company to exhibit at this CME activity. The exhibit fee is \$3,500. We expect approximately 200 physicians, advanced practice providers, nurses and pharmacists to join us.

As you can see from the enclosed program, we have developed an outstanding course which offers challenging and interactive sessions on pertinent issues involved with the care of cancer patients including state of the art review in diagnosis and treatment of hematologic malignancies and selected solid tumors, benign hematology for the medical oncologist, and supportive care for cancer patients. The course will include panel discussions, use of an interactive audience response system, and offer healthcare professionals new knowledge that will provide cost-effective and efficient care, which, ultimately, will provide better patient outcomes.

If you will join us, please complete the attached exhibitor agreement and return it with your payment (made payable to Mayo Clinic in Arizona) to Mayo Clinic School of Continuous Professional Development, Attn: Kristy Badder, 13400 East Shea Boulevard, Scottsdale, AZ 85259. Please denote "**HemOnc2019**" on all correspondence. Mayo Clinic's Tax ID number is 86-0800150; our W-9 form is attached for your convenience. Space is limited; early registration is advised. If you have any questions about this exhibit opportunity, please feel free to contact Ms. Badder directly via email, exhibits@mayo.edu.

To maintain a clear separation of marketing/promotion from education, exhibits will be located adjacent to where the educational sessions will be held. Displays should be staffed during daily breakfasts, breaks, and lunches. If company representatives are interested in attending educational sessions, representatives must register for the course as an attendee. Course registration will open soon; you may register online at <https://ce.mayo.edu/HemOnc2019>.

If you have any questions about this exhibit opportunity, please feel free to contact Ms. Badder directly via email, exhibits@mayo.edu.

We hope you will join us for this exciting program February 15-17, 2019 in Scottsdale!

Sincerely,

A handwritten signature in black ink, appearing to read "Alan Bryce".

Alan H. Bryce, M.D.
Course Co-Director
Chair, Division of Hematology & Medical Oncology
Associate Professor of Medicine
Mayo Clinic College of Medicine and Science

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

Activity Title	Clinical Multidisciplinary Hematology and Oncology: The 16th Annual Review
Activity Number	19S05923
Location	Omni Scottsdale Resort & Spa at Montelucia, Scottsdale, Arizona
Activity Date(s)	February 15-17, 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	\$3,500.00

NOTE: There may also 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 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.

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 Hem-Onc 2019 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

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.

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
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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.