



4500 San Pablo Road  
Jacksonville, Florida 32224  
904-953-7050  
Tax ID: 59-3337028

January 22, 2018

Dear Exhibitor,

On behalf of course director, Gerardo Colon-Otero, MD, we hope you will consider a display opportunity at our **28th Annual Mayo Clinic Hematology/Oncology Reviews** held **August 2-4, 2018**. We expect around 200+ practicing hematologists, medical oncologists, scientists, researchers, nurses, physician assistants, pharmacists and clinical research associates.

This course is a comprehensive review of hematology/oncology that focuses on the clinical application of new research developments over the preceding year. Didactic presentations will be case-based. Attendees will leave with up-to-date, practical information which will have immediate clinical application. The most important clinical management questions in hematology/oncology will also be addressed in highly interactive sessions.

Display fees are \$4000 for the full 3 day course. Space is limited, and table assignments will be made on a first-come, first-served basis depending on the date the signed exhibit agreement letter is received in our office.

Mayo Clinic, an integrated, not-for-profit group practice, is committed to meeting its responsibility as a national medical education resource and is accredited by the Accreditation Council for Continuing Medical Education. Our programs provide valuable information on unmet needs to the medical community. We sincerely appreciate your consideration and hope you will take the opportunity to join us for a truly unique educational program.

A handwritten signature in cursive script, reading 'Lauren Perdue'.

Lauren Perdue  
Education Administration Coordinator

Make checks payable to:  
Mayo Clinic CPD  
Attn: Lauren Perdue, 18J05853  
4500 San Pablo Road  
Stabile 790N- Education  
Jacksonville, FL 32224  
Tax ID: 59-3337028

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

|                 |   |
|-----------------|---|
| Activity Title  | Mayo Clinic 28 <sup>th</sup> Annual Hematology Oncology Reviews |
| Activity Number | 18J05853  |
| Location        | Ritz Carlton, Amelia Island, FL                                 |
| Dates           | 8/2/18-8/4/18   |

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

|  |            |
|--|------------|
| Company Name (Exhibitor)<br>(as it should appear on printed materials)                           |            |
| Exhibit Contact (if different then exhibit Rep.)   |            |
| Name(s) of Representative(s) exhibiting:<br>(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              | \$ 4000.00 |

**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 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 |
|                                 |           |      |

### ***PAYMENT INFORMATION***

Please indicate your method of payment:

PROVIDER **Federal Tax ID number** is 59-3337028

Please remit check payable to: Mayo Clinic- Mayo Clinic School of CPD. Please identify name of course on the check stub.

|   |   |
|---|---|
| <input type="checkbox"/> <b>Check</b><br>Make payable to:<br>Mayo Clinic Florida, CPD<br>Attn: Lauren Perdue,<br>Stabile 790N<br>4500 San Pablo Road<br>Jacksonville, FL 32224<br><br>Please identify <b>18J05853</b> on the check. | <input type="checkbox"/> <b>Credit Card or Wire Transfer</b><br>For payment by credit card or wire transfer, please call the MCSCPD at 800-462-9633<br><br><i>Do not send credit card information via email or fax.</i> |
|---|---|

# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

|  |   |   |
|--|---|---|
| Print or type.<br>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.<br><b>Mayo Clinic Jacksonville</b>  |   |
|  | 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 <b>one</b> of the following seven boxes.<br><br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> C Corporation<br><input type="checkbox"/> S Corporation<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Trust/estate<br><br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►<br><b>Note:</b> 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 <b>not</b> 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.<br><br><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):<br><br>Exempt payee code (if any) <b>1</b><br><br>Exemption from FATCA reporting code (if any) <b>A</b><br><br><small>(Applies to accounts maintained outside the U.S.)</small> |
|  | 5 Address (number, street, and apt. or suite no.) See instructions.<br><b>4500 San Pablo Road</b>   | Requester's name and address (optional)   |
|  | 6 City, state, and ZIP code<br><b>Jacksonville, FL 32224</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 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 |   |   |   |   |   |   |   |   |   |  |
| 5                              | 9 | - | 3 | 3 | 3 | 7 | 0 | 2 | 8 |  |

## 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](http://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.