



Dear Exhibit Representative:

On behalf of the Mayo Clinic Division of Hematology and course directors Drs. Mark Litzow and William Hogan, I am pleased to announce **Hematologic Malignancies: New Therapies and the Evolving Role of Transplant**, March 17-18, 2017 at the Westin Chicago River North, Chicago, Illinois.

This accredited program is designed for hematology and oncology clinicians, nurse practitioners, physician assistants, and other practitioners working in cancer medicine. We are expecting 80 attendees at this course.

The course program schedule is on the following page.

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 to provide continuing medical education for physicians (AMA).

Your company is invited to participate in our meeting as an exhibitor. The fee to exhibit at this course is \$2,000.

Attached is Mayo Clinic's required **Exhibitor Letter of 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 before course materials go to print on February 16, 2017. Please make your check payable to Mayo Clinic (Federal ID #41-6011702) and mail directly to:

Kathy Fuqua, MSCPD
Plummer Building 2-60
200 1st Street SW
Rochester, MN 55905

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

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

Sincerely,

A handwritten signature in cursive script that reads 'Julie Reed'.

Julie Reed
CME Specialist



Mayo School of Continuous Professional Development (MSCPD) Exhibitor Agreement

Activity Title	Hematologic Malignancies
Activity Number	2017R446
Location	Chicago, Illinois – Westin Chicago River North
Dates	March 17-18, 2017

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

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 Hematologic Malignancies 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 **February 16, 2017** to:

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

Hematologic Malignancies: New Therapies and the Evolving Role of Transplant

March 17 – 18, 2017

Chicago, IL

Friday, March 17, 2017

7:00 a.m.	Registration & Continental Breakfast
8:15 a.m.	Welcome and Overview of the Day <i>Mark R. Litzow, M.D.</i>
8:30 a.m.	Risk Assessment and Management of Newly Diagnosed Acute Myeloid Leukemia <i>James M. Foran, M.D.</i>
9:00 a.m.	Stem Cell Mobilization: Past, Present and Future <i>Ivana N. Micallef, M.D.</i>
9:30 a.m.	The Evolving Role of Stem Cell Transplantation in Multiple Myeloma <i>Shaji Kumar, M.D.</i>
10:00 a.m.	Autologous Graft vs. Tumor Effect: Reality or Fiction? <i>Luis F. Porrata, M.D.</i>
10:30 a.m.	Break
11:00 a.m.	Transplantation as Salvage Therapy in Patients with Germ Cell Tumors <i>Nasser H. Hanna, M.D.</i>
11:30 a.m.	How I Treat CLL in 2017 <i>Sameer A. Parikh, M.B.B.S.</i>
12:00 p.m.	Cases
12:30 p.m.	Lunch
1:30 p.m.	Novel Agents for Cancer Therapy <i>Alex Adjei, M.D., Ph.D.</i>
2:00 p.m.	Risks and Management Options for Relapse of AML Post HCT <i>Daniel J. Weisdorf, M.D.</i>
2:30 p.m.	Hodgkin Disease <i>Patrick B. Johnston, M.D., Ph.D.</i>
3:00 p.m.	Medication Management Issues in Hematopoietic Stem Cell Transplantation <i>Gabriel T. Bartoo, Pharm.D., R.Ph.</i>
3:30 p.m.	Adjourn

Saturday, March 18, 2017

7:00 a.m.	Registration & Continental Breakfast
8:15 a.m.	Welcome and Overview of the Day <i>William J. Hogan, M.B., B.Ch.</i>
8:30a.m.	Cell Therapy for Lymphoma <i>Helen E. Heslop, M.D.</i>
9:00 a.m.	What is New in AL Amyloidosis <i>Francis K. Buadi, M.D.</i>
9:30 a.m.	BMT Survivorship: The Road Increasingly Travelled <i>Nandita Khera, M.D., M.P.H.</i>
10:00 a.m.	How I Diagnose and Treat Myelodysplastic Syndromes <i>Mrinal S. Patnaik, M.B.B.S.</i>
10:30 a.m.	Break
11:00 a.m.	Kidney Transplant Tolerance Protocols - A New Role for the Hematologist <i>Mark D. Stegall, M.D.</i>
11:30 a.m.	Allogeneic Stem Cell Transplant for Myelofibrosis in the Era of JAK Inhibitors <i>Ruben A. Mesa, M.D.</i>
12:00 p.m.	Cases
12:30 p.m.	Lunch
1:30 p.m.	Chimeric Antigen Receptor T Cell Therapy in the Context of Bone Marrow Transplantation <i>Saad J. Kenderian, M.B., Ch.B.</i>
2:00 p.m.	Evolving Role of Biomarkers in the Management of Acute GVHD <i>William J. Hogan, M.B., B.Ch.</i>
2:30 p.m.	Acute Lymphoblastic Leukemia in Adults: The Emerging Role of Immunotherapy <i>Mark R. Litzow, M.D.</i>
3:00 p.m.	Adjourn

*Program schedule subject to change.



MAYO CLINIC

Mayo School of Continuous Professional Development

**Hematologic Malignancies: New Therapies and the
Evolving Role of Transplant**

March 17-18, 2017

Westin Chicago River North • Chicago, Illinois

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 February 16, 2017 to:**

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