



December 10, 2015

Dear Potential Exhibitor,

On behalf of Mayo Clinic, Mayo School of Continuous Professional Development, and course directors, C. Scott Collins, M.D., Nerissa M. Collins, M.D., Jennifer Lin, M.D., John Martin, M.D., Gregory Shimizu, M.D., and Kim Tran, M.D., I am pleased to announce the upcoming Internal Medicine Recertification course which will be held March 30-April 2, 2016 at the Manchester Grand Hyatt in San Diego, California.

Mayo Clinic, in collaboration with Kaiser Permanente, will be offering this intensive recertification course. The course, which includes faculty from both Mayo Clinic and Kaiser Permanente, is designed to provide a comprehensive overview of all areas in internal medicine for practicing physicians. This unique course gives attendees the opportunity to earn up to 60 Maintenance of Certification (MOC) points, through an excellent collaborative learning experience.

Mayo Clinic recognizes these types of educational programs would not be possible without your support. We invite you to participate at this educational activity with an exhibit in the amount of \$2,500.00. This fee is for the exhibit space only. Industry exhibitors are provided a draped table with two chairs. In support of ACCME guidelines, exhibitors will be located in a separate area from the educational activity. Exhibit space is limited and located near the food and beverage area for optimal contact during breakfast and breaks.

Course details and the full program schedule can be found on the course web site:
<https://ce.mayo.edu/internal-medicine/content/internal-medicine-recertification-course-2016>.

If you are interested in exhibiting at our course, please complete and return the provided Exhibitor Agreement form and payment **before February 15, 2016**. This agreement may be substituted with your company's standard Letter of Agreement form. Please make payment payable to Mayo Clinic and send payment to my attention at the address below. For your convenience, our Federal tax identification number is 41-6011702.

We look forward to the success of our Internal Medicine Recertification course and hope you will be able to join us in San Diego, California this coming March. If you have any questions or your company requires completion of a web-based application, please feel free to contact me.

Sincerely,

Shannon Halvorson
Education Administration Coordinator
Mayo School of Continuous Professional Development
200 First Street SW
Rochester, MN 55905
halvorson.shannon@mayo.edu
Phone: 507-293-2103
Fax: 507-538-7234

Mayo School of Continuous Professional Development (MSCPD) Exhibitor Agreement

Activity Title	Internal Medicine Recertification Course
Activity Number	2016R377
Location	Manchester Grand Hyatt, San Diego, CA
Dates	March 30 – April 2, 2016

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	\$2,500

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 “ 2016 Internal Medicine Recertification Course ” 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, before **February 15, 2016** to:

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