

Mayo School of Continuous
Professional Development
200 First Street SW
Rochester, MN 55905

Dear Representative:

On behalf of Mayo Clinic and Mayo School of Continuous Professional Development, we would like to invite you to exhibit at the upcoming Mayo Clinic Symposium on Anesthesia and Perioperative Medicine course. The course is February 15-18, 2017 at the Fairmont Scottsdale Princess, Scottsdale, AZ. We anticipate great interest from commercial companies with products and services which will be of interest to our attendees.

The full program schedule will soon be posted to the [course website](#). As in previous years, we have developed an outstanding course format featuring lectures, interactive audience response system, and afternoon small group Master Classes. Our collaborative effort is based upon a physician and education planning committee review of several needs assessments compiled from anesthesia professionals, as well as information provided by industry journals. This CME program is designed to provide new knowledge, assist in the acquisition and maintenance of professional skills, and encourage and facilitate scholarly development of physicians. We expect approximately 130-150 practicing anesthesiologists, anesthesia technicians, nurse anesthetists, and anesthesia assistants from across the country.

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).


As course co-directors, we are inviting you to exhibit at this meeting for a fee of \$2,000. If you are interested in exhibiting or would like additional details about this program, return a signed letter of agreement before January 17, 2017. If you have questions about the exhibit, please contact Julie Reed, CME Specialist, by e-mailing reed.julie1@mayo.edu or calling 507-266-2821.

Please return a signed letter of agreement (LOA) to confirm your participation by January 22, 2016. Payment may be completed by sending your check, made payable to Mayo Clinic, to ATTN: Julie Reed – Plummer 2-60, 200 First St SW, Rochester, MN, 55905. Please denote project number 2017R378 on your correspondence. The Mayo Clinic tax ID number is 41-6011702.

Sincerely,



Daniel R. Brown, MD, PhD
Anesthesia Division
Mayo Clinic Minnesota



Sorin J. Brull, MD
Anesthesia Division
Mayo Clinic Florida



Adam K. Jacob, MD
Anesthesia Division
Mayo Clinic Minnesota



Harish Ramakrishna, MD
Anesthesia Division
Mayo Clinic Arizona



Mayo School of Continuous Professional Development (MSCPD) Exhibitor Agreement

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

Activity Title	Symposium on Anesthesia and Perioperative Medicine
Activity Number	2017R378
Location	Fairmont Scottsdale Princess, Scottsdale, AZ
Dates	February 15-18, 2017

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 2017R378 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 **January 17, 2017** to:

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



Mayo Clinic
Symposium on Anesthesia and Perioperative Medicine

February 15-18, 2017
Fairmont Scottsdale Princess • Scottsdale, AZ
Exhibit Representative Registration Form

Company Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Name of Representative in charge of exhibit: _____

(Please type or print name exactly as you want it to appear on the name tag)

Mailing Address: _____

City/State/Zip Code: _____

Business Telephone: _____

Fax Number: _____

E-mail address: _____

2nd Representative: _____

Email 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 **by January 17, 2017** to:

Kathy Fuqua - fuqua.kathy@mayo.edu
Mayo School of Continuous Professional Development
Plummer 2-60
200 First Street SW
Rochester, Minnesota 55905
Fax: (507) 538-7234