

Dear Representative:

On behalf of course directors J. Taylor Hays, M.D. and Michael V. Burke, Ed.D. and Mayo Clinic and Mayo School of Continuous Professional Development, I would like to invite you to exhibit at the upcoming **Nicotine Dependence Conference**. The conference is April 13 - 14, 2015 at Mayo Clinic in Rochester, MN.

As you can see from the program schedule below, the course directors have developed an outstanding format featuring lectures and interactive sessions. This CME course is designed to provide new knowledge, assist in the acquisition and maintenance of professional skills, and encourage and facilitate scholarly development. This course focuses on issues related to the treatment of nicotine dependence. Outstanding speakers discuss information related to the various types of tobacco products being used and their addictive potential. Medications currently being used to treat this dependence are presented and expanded to address advanced strategies for difficult cases and special populations. The course provides participants with awareness and basic knowledge of these methods and their potential application in improving health care.

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).

Mayo Clinic values and appreciates your support. We recognize that these types of educational programs would not be possible without solid industry support and participation. All exhibitors will be acknowledged in the course syllabus and verbal appreciation at the live course. We are inviting you to exhibit at this meeting for a fee of \$2,500. If you are interested in exhibiting or would like additional details about this program, please contact Julie Reed, CME Specialist, by e-mailing [reed.julie1@mayo.edu](mailto:reed.julie1@mayo.edu) or calling 507-266-2821.

Please return a signed letter of agreement (LOA) to confirm your participation by March 6, 2015. 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 2015R763 on your correspondence. The Mayo Clinic tax ID number is 41-6011702.

Sincerely,



Julie Reed  
CME Specialist  
[reed.julie1@mayo.edu](mailto:reed.julie1@mayo.edu)  
507-266-2821

**Monday, April 13, 2015**

7:00 AM	Registration & Continental Breakfast <i>Leighton Auditorium Foyer</i>
8:00 AM	Welcome Remarks, Course Introduction <i>J. Taylor Hays, M.D.</i>
8:15 AM	Social Media in Health-care <i>Lee A. Aase</i>
9:00 AM	The Electronic Medical Record in Tobacco Dependence Treatment <i>Megan E. Piper, Ph.D.</i>
9:45 AM	Break <i>Leighton Auditorium Foyer</i>
10:00 AM	Mobile Technology in Smoking Cessation <i>Jenny E. Hapgood, ScM</i>
10:45 AM	Panel Discussion <i>Jenny E. Hapgood, ScM, Lee A. Aase, Megan E. Piper, Ph.D. – Moderator J. Taylor Hays, M.D.</i>
11:30 AM	Lunch
12:00 PM	Lunch Speaker: The End Game <i>Richard D. Hurt, M.D.</i>
1:00 PM	Break <i>Leighton Auditorium Foyer</i>
1:15 PM	Helping Hospitalized Smokers Quit <i>David O. Warner, M.D.</i>
2:00 PM	Social Media in Practice <i>Jeff M. Poterucha, M.A., C.T.T.S.</i>
2:45 PM	Break <i>Leighton Auditorium Foyer</i>
3:00 PM	Global Bridges <i>J. Taylor Hays, M.D.</i>
3:45 PM	Panel Discussion – Connections in Practice <i>David O. Warner, M.D.; Jeff M. Poterucha, M.A., C.T.T.S.; J. Taylor Hays, M.D.</i>
4:30 PM	Adjourn

**Tuesday, April 14, 2015**

7:15 AM	Registration & Continental Breakfast <i>Leighton Auditorium Foyer</i>
8:00 AM	Question and Answer Session <i>J. Taylor Hays, M.D.</i>
8:15 AM	Hot Topics: Tobacco Dependence Pharmacotherapy Update <i>J. Taylor Hays, M.D.</i>
9:00 AM	Hot Topics: Behavior Change Update <i>Michael V. Burke, Ed.D.</i>
9:45 AM	Tobacco Intervention and Referral for Allied Health and Primary Care Providers <i>Timothy J. Milbrandt, M.S.</i>

10:30 AM	Break <i>Leighton Auditorium Foyer</i>
10:45 AM	Social Factors Impacting Treatment Strategies <i>Jennifer S. Packard, M.A., C.T.T.S.</i>
11:30 AM	Panel Discussion <i>J. Taylor Hays, M.D.; Timothy J. Milbrandt, M.S.; Jennifer S. Packard, M.A., C.T.T.S.; Michael V. Burke, Ed.D.</i>
12:00 PM	Lunch
12:30 PM	Panel Discussion with Former Patients <i>Discussion Leader: Barbara Dallavalle, M.A., L.P.</i>
1:15 PM	Break <i>Leighton Auditorium Foyer</i>
1:30 PM	Practical Interventions to Help Prevent Weight Gain After Stopping Smoking <i>Therese M. Shumaker, M.A., R.D., L.D.</i>
2:15 PM	Meaningful Use Update <i>Michael V. Burke, Ed.D.</i>
3:00 PM	Break <i>Leighton Auditorium Foyer</i>
3:15 PM	Distance Learning in Practice <i>Education Technology Center Staff</i>
3:45 PM	Panel Discussion <i>Therese M. Shumaker, M.A., R.D., L.D.; Michael V. Burke, Ed.D.; Education Technology Center Staff</i>
4:30 PM	Adjourn



## Mayo School of Continuous Professional Development (MSCPD)

### Exhibitor Agreement

*Regarding the Terms and Conditions for a Commercial Exhibit*

Activity Title: Nicotine Dependence Conference Activity Number: 2015R763

Location: Leighton Auditorium, Mayo Clinic, Rochester, MN Date(s) April 13 – 14, 2015

Agreement between: ACCREDITED PROVIDER (PROVIDER):  
 Mayo Clinic College of Medicine – Mayo School of CPD  
 AND

Name of Commercial Company (EXHIBITOR): \_\_\_\_\_  
 (as it should appear on printed materials)

Name of Person Exhibiting: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

The named EXHIBITOR wishes to exhibit at the above named activity for the amount of \$2,500

### Payment Information

**Please complete credit card information or indicate if mailing a check:**

Visa  Master Card  Discover

**Do not send credit card information via email or postal mail; instead fax to our secure fax: 507-284-0532**

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_

*(if different from above address)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Federal Tax ID number is 41-6011702**

**Check**

Make check payable to **Mayo Clinic** and remit to: Mayo  
 School of Continuous Professional Development  
 Attn: Cathy Schilling  
 200 First Street SW, Plummer 2-60  
 Rochester, MN 55905  
 (Identify **course name** on check :  
 Nicotine Dependence-2015R763)

**Electronic Transfer**  
\$25 fee

Please contact CME office for account information.

## Exhibitor Agreement – Page 2

**By signing below, I agree to the “Terms and Conditions” outlined on Page 2 of this Exhibitor Agreement (including ACCME Standards for Commercial Support):**

EXHIBITOR Representative: \_\_\_\_\_  
(I understand and agree that typing my name above is the electronic equivalent of a written signature) (Date)

PROVIDER Representative: \_\_\_\_\_  
(Signature) (Date)

### 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.” “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 in the place of the CME activity.**”
- EXHIBITOR may not distribute promotional materials. Distribution of pharmaceuticals or other samples is prohibited.
- All commercial support 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 sponsor, 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.
- PROVIDER **Federal Tax ID number is 41-6011702.**  
Please remit check payable to: **Mayo Clinic.** Please identify course name on the check stub.

Please fax completed Exhibitor Agreement to: (507) 538-7234



## Nicotine Dependence Conference

April 13 – 14, 2015

Leighton Auditorium, Mayo Clinic • Rochester, MN

### Exhibit Representative Registration Form

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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: \_\_\_\_\_

2<sup>nd</sup> 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 March 6, 2015, 2015** to:

**Cathy Schilling, CME Specialist Assistant – [schilling.catherine@mayo.edu](mailto:schilling.catherine@mayo.edu)**

Mayo School of Continuous Professional Development

Plummer 2-60

200 First Street SW

Rochester, Minnesota 55905

Fax: (507) 538-7234