

Dear Exhibit Representative:

On behalf of the course directors of the International Dementia with Lewy Bodies Conference, we invite you to exhibit at conference December 1-4, 2015 in Ft. Lauderdale, Florida.

This accredited conference is intended for clinicians involved in evaluation and management of patients with dementia with Lewy bodies and investigators involved in dementia (especially DLB) research.

The conference focuses on dementia with Lewy bodies (DLB), also known as Lewy body dementia. Lewy body dementia, which includes DLB and Parkinson's disease with dementia, is the second most common type of progressive dementia after Alzheimer's disease. The conference involves an international group of DLB experts as well as numerous other interested clinicians and scientists to provide updates on the key aspects of the disorder (including the cognitive, neuropsychiatric, neuroimaging, motor, sleep, autonomic and sensory manifestations). A particular focus of this conference is on the prodromal aspects of DLB. Updates on the genetics, biofluid correlates, molecular biology, animal models and neuropathologic characterization, as well as information on current symptomatic therapies and future potential disease-modifying therapies, are also presented.

We anticipate 400-800 attendees from around the world. Complete course details can be found on the [conference website](#).

The exhibit space is an 8' tabletop and the fee to display at this conference is \$4,500.

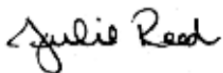
Mayo Clinic, an integrated, not-for-profit group practice, is committed to meeting its responsibility as a national medical education resource and is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians (AMA).

Attached is Mayo Clinic's required **Exhibitor 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 November 2, 2015. Return the signed letter of agreement along with payment (made payable to Mayo Clinic, Federal ID #41-6011702) before *November 2, 2015* to Julie Reed, CPD Specialist, Mayo School of Continuous Professional Development, Plummer Building 2-60, 200 1<sup>st</sup> Street SW, Rochester, MN 55905.

We look forward to having you as an exhibitor at this exciting conference. If you have any questions, please contact me by telephone at (507) 266-2821 or via e-mail, [reed.julie1@mayo.edu](mailto:reed.julie1@mayo.edu).

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

Sincerely,



Julie Reed, CME Specialist  
[Reed.julie1@mayo.edu](mailto:Reed.julie1@mayo.edu)



Mayo School of Continuous Professional Development (MSCPD)

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: International Dementia with Lewy Bodies Conference Activity Number: 2015R980

Location: Marriott Harbor Beach, Ft. Lauderdale, FL Date(s) December 1-4, 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 \$4,500

Payment Information

Table with 3 columns: Check, Credit Card, Wire Transfer. Contains payment instructions, bank details, and contact information for the Mayo School of Professional Development.

## 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



*(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:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Display Information:**

An 8' table will be provided for your exhibit December 1-4, 2015 *(a maximum of two representatives are allowed per exhibit)*. This is for exhibit space only and does not include conference attendance.

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 November 2, 2015 to:**

Kathy Fuqua  
Mayo School of Continuing Medical Education  
Plummer 2-60 ▪ 200 First Street SW ▪ Rochester, MN  
E-mail: [fuqua.kathy@mayo.edu](mailto:fuqua.kathy@mayo.edu) ▪ FAX: 507-538-7234