



October 11, 2017

Dear Exhibitor

On behalf of course directors, W. David Freeman, M.D., Alejandro A. Rabinstein, M.D., and Eelco F. Wijdicks, M.D., Ph.D., we hope you will consider a display opportunity at our **4th Annual Neuro and Intensive Care: Review and Hands-on Workshops 2018 held May 10-12, 2018 at Loews Portofino Bay Hotel, Orlando, Florida**. We expect around 175 Medical providers from a broad array of disciplines including Emergency Medicine, Neurology, Neurosurgery, intensivists from Pulmonary, Anesthesia, and Neuro- Intensive care backgrounds as well as ARNP/PA, paramedics/EMS medical personnel, and allied health providers including physical, occupational, and speech therapists who care for patients with these neurological emergencies, or in a NeuroICU or ICU.

Display fees are \$3,000 for the full three day course. Space is limited and table assignments will be made on a first come, first served basis based on the date the signed exhibit agreement letter is received in our office.

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.

Our programs provide valuable information on unmet needs to the medical community. We sincerely appreciate your consideration and hope you will take the opportunity to join us for a truly unique educational program.

Sincerely,

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Mary Stevens
Education Specialist

Make checks payable to:
Mayo Clinic
Attn: Mary Stevens Med Edu.
4500 San Pablo Road
Stabile 790N- Education
Jacksonville, FL 32224



Mayo Clinic School of Continuous Professional Development

Activity Title	Neuro and Intensive Care: Review and Hands-on Workshops 2018
Activity Number	18J05734
Location	Loews Portofino, Orlando, Florida
Dates	May 10-12, 2018

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

Commercial Company (Exhibitor)	
Name of Person(s) Exhibiting – <i>maximum of two representatives allowed per exhibit</i>	
Address	
Telephone	
Fax	
Email	
The named exhibitor wishes to exhibit at the above named activity for the amount of	\$3,000

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.” “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 only distribute educational promotional materials at their exhibit space. Distribution of non-educational items (pens, notepads, etc.), pharmaceuticals or product 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 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.
- EXHIBITOR may place a formal inquiry about potential sales of products within the exhibit. MSCPD holds the right to provide an exemption based decision on product sales.
- PROVIDER **Federal Tax ID number is 59-3337028.**
Please remit check payable to: Mayo Clinic- Mayo School of CPD. Please identify name of course on the check stub.

Payment Information

Please indicate your method of payment:

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
Make payable to: Mayo Clinic Attn: Mary Stevens, 790N Stabile 4500 San Pablo Rd Jacksonville, FL 32224 Please identify 18J05734 on the check.	Call the Mayo Clinic Registrar at 800-462-9633 <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:

Exhibitor Representative	Name	Signature
Mayo Clinic Representative	Name	Signature

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Mayo Clinic Jacksonville	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ 501 (c) (3) tax-exempt nonprofit corporation	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 1 Exemption from FATCA reporting code (if any) A <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) 4500 San Pablo Road 6 City, state, and ZIP code Jacksonville, FL 32224 7 List account number(s) here (optional)	
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
5	9		-	3	3	3	7	0	2 8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ 	Date ▶ 1/9/2017
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Neuro and Intensive Care: Review and Hands-on Workshops 2018
Loews Portofino, Orlando, FL
May 10-12, 2018

Thursday, May 10, 2018 Fundamentals of Neurocritical Care Day	
7:00 a.m.	Registration, Continental Breakfast and Exhibit Hall
7:15	Welcome, Introduction and Pre-Test
	Moderator: <i>Alejandro A. Rabinstein, M.D.</i>
7:30	Acute Management of Raised Intracranial Pressure <i>W. David Freeman, M.D.</i>
8:00	Acute Aneurysmal Subarachnoid Hemorrhage Medical Management <i>Alejandro A. Rabinstein, M.D.</i>
8:30	Acute Management of Intracerebral Hemorrhage –Anticoagulation reversal with NOACs, Blood Pressure Management, and Future Re- anticoagulation Considerations. <i>Cumara B. O’Carroll, M.D.</i>
9:00	Neuro-Ophthalmology Pearls for the Neuro ICU <i>Eric R. Eggenberger, D.O.</i>
9:30	Keynote: Neurocritical Care Evolution <i>Thomas P. Bleck, M.D.</i>
10:00	Panel Q&A/Break
Workshops – Additional Fee	
10:15-12:15 p.m.	Comprehensive Critical Care Procedural Workshop: Airway-Intubation, Central Venous Lines, Arterial Lines, Percutaneous Tracheostomy and Bronchoscopy, Para- and Thoracentesis (cap 40, 6 stations) additional fee \$300 <i>Philip E. Lowman, M.D., Lauren K. Ng Tucker, M.D., Leslie Simon, D.O., Jeffrey L. Garland, M.D., Joshua A. Propst, P.A.-C., Pulmonary Fellow, Karen W. Hampton R.R.T. J. Matt M. Hale, MPAS and Amanda D. Tomlinson, A.R.N.P.</i>
10:15-12:15	Ultrasound Critical Care: Heart, Lung, Abdomen (cap 20) additional fee \$300 Split Groups into 2 stations (Cardiac, and Thoracoabdominal) <i>Carla P. Venegas –Borsellino, M.D. and Aarti Sarwal, M.D.</i>
12:15-1:15	Lunch - Exhibit Hall
Workshops Continued	
1:15-3:15	Ventilator Workshop (no limit, no additional fee) <i>Jeffrey L. Garland, M.D., Joseph R. Shiber, M.D., Karen W. Hampton, R.R.T.</i>
1:15-3:15	Ultrasound Placement of Midline and Peripheral IV Catheters & Nasal Jejunal Feeding Tube Placement additional fee \$50 <i>Amanda D. Tomlinson, A.R.N.P. and Frank Galvan, R.N.</i>
3:15	Adjourn/Exhibit Hall
4:00-6:00 p.m.	Reception – Piazza Centrale

Program Schedule is Subject to Change Without Notice

Neuro and Intensive Care: Review and Hands-on Workshops 2018

Loews Portofino, Orlando, FL

May 10-12, 2018

Friday, May 11, 2018

Acute Management and Evidence-Based Updates

7:00 a.m.	Continental Breakfast and Exhibit Hall
	Meeting Room: Moderator: Eelco F. Wijdicks, M.D., Ph.D.
7:30	Diagnosis of Brain Death <i>Eelco F. Wijdicks, M.D., Ph.D.</i>
8:00	Update in Stroke Interventional Trials <i>Benjamin L. Brown, M.D.</i>
8:30	<i>Prognostication after Hypoxic-Ischemic Brain Injury</i> <i>Eelco F. Wijdicks, M.D., Ph.D.</i>
9:00	Traumatic Brain Injury Update-A Neurosurgeon-Neurointensivist Perspective <i>Charles R. Watts, M.D., Ph.D.</i>
9:30	Q&A
9:45	Break and Refreshments in Exhibit Hall
	Workshops – Additional Fee
10:15-12:15 p.m.	Comprehensive Critical Care Procedural Workshop: Airway-Intubation, Central Venous Lines, Arterial Lines, Percutaneous Tracheostomy and Bronchoscopy, Para- and Thoracentesis (cap 40, 6 stations) additional fee \$300 <i>Philip E. Lowman, M.D., Lauren K. Ng Tucker, M.D., Leslie Simon, D.O., Jeffrey L. Garland, M.D., Joshua A. Propst, P.A.-C., Pulmonary Fellow, Karen W. Hampton R.R.T. J. Matt M. Hale, MPAS and Amanda D. Tomlinson, A.R.N.P.</i>
10:15-12:15	NeuroMonitoring: Transcranial Doppler and Optic Nerve Sheath Diameter (cap 20) additional fee \$300 <i>Mark N. Rubin, M.D., Michael A. Pizzi, D.O., Ph.D., Kevin M. Barrett, M.D., MSc and W. David Freeman, M.D.</i>
10:15-12:15	Neurosurgical Skills Workshop (cap 25) additional fee \$300 <i>Benjamin L. Brown M.D., William E. Clifton, III, M.D., Charles R. Watts, M.D., Ph.D., Neurovascular Fellow, Kelly Gassie, M.D.</i>
12:15-1:15	Lunch in Exhibit hall
	Workshops Continued
1:15 - 3:15	ICU EEG Workshop (no limit, no additional fee) <i>Bradley J. Kolls, M.D., Ph.D., MMCi, William O. Tatum., Thomas P. Bleck, M.D. and Leslie A. Rudzinski, M.D.</i>
1:15 - 3:15	Hypothermia & Targeted Temperature Management (TTM) Protocols (no limit, no additional fee) <i>Christopher L. Kramer, M.D., Fellow, Jason L. Siegel, M.D., Alejandro A. Rabinstein, M.D. and Tyler F. Vadeboncoeur, M.D.</i>
3:15-4:00	Electronic Posters, (e-Posters), Challenging Cases and Medical Art
4:00 p.m.	Adjourn

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Neuro and Intensive Care: Review and Hands-on Workshops 2018
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Saturday, May 12, 2018 MultiProfessional and Allied Health Day- ARNPs, PAs, RNs and MDs	
7:00 a.m.	Continental Breakfast and Exhibit Hall
	Meeting Room:
	Moderators: <i>Christina C. Smith, A.R.N.P., Suzanne M. Brown, B.S.N., C.N.R.N., S.C.R.N. and Lesia H. Mooney, M.S.N., R.N., A.C.N.S.-B.C., C.N.R.N., S.C.R.N.</i>
8:00	What You Should Know About EVDs and ICP Monitoring <i>William E. Clifton, III</i>
8:30	Neuromuscular Weakness in the ICU <i>J. Brent Peel, M.D.</i>
9:00	EEG – Pearls for Practical NeuroICU Monitoring <i>Jason L. Siegel, M.D.</i>
9:30	Carpe Diem: Seize the Day with Novel Treatment of Refractory Status Epilepticus <i>Daniel A. Jackson, Pharm.D., BCPS, R.Ph.</i>
10:00	Q&A
10:15	Break/Exhibit Hall
10:30	NeuroICU Nursing Keynote: Using TEG in Managing Neurotrauma and Massive Transfusion <i>Mary Kay Bader, R.N., M.S.N., C.C.N.S., C.C.R.N., C.N.R.N., S.C.R.N., F.N.C.S., F.A.H.A.</i>
11:30	APP Keynote: Subarachnoid Hemorrhage and Trauma Management <i>Susan C. Yeager, M.S., R.N., C.C.R.N., A.R.N.P.</i>
12:30	Q&A and Post-Test
12:45 p.m.	Adjourn - Lunch on your own

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