



200 First Street Southwest

Rochester, Minnesota 55905

Telephone 507 266-5045

## **Clinical Autonomic Quantitative Workshop** **~ October 27-28, 2017 ~**

**Course Director:** *Elizabeth Coon, M.D., Wolfgang Singer, M.D.*

**Course Planning Coordinator:** *David Sletten, Principal Research Technologist*

We are writing to invite you to exhibit at the **Clinical Autonomic Quantitative Workshop** continuing medical education course at Mayo Clinic, Rochester, Minnesota to be held October 27-28, 2017.

The exhibit fee, \$1,000, includes an exhibit table for **Saturday Only, October 28**. In order to be listed as an exhibitor in course materials, your agreement, payable to Mayo Clinic, needs to be received by September 20, 2017. Exhibits will be located in a lobby area that participants will pass as they enter and leave the activity. Payment is for exhibit opportunity only, course attendance is not included.

This course focuses primarily on the three autonomic function tests having CPT codes. The program integrates a series of lectures on the underlying physiology, patient preparation, indications for autonomic testing, factors affecting the results of these autonomic tests, HCFA requirements, and a review of the equipment used in the testing. The heart of the workshop includes demonstrations of the standard autonomic function tests. The tests are: 1) quantitative sudomotor axon reflect test (QSART); 2) tests of cardiovagal function including heart rate response to deep breathing and to the Valsalva maneuver (i.e. Valsalva ratio); and 3) tests of the adrenergic function including phase analysis of the Valsalva maneuver and head-up tilt. Hands-on demonstrations are provided using commercially available equipment. A series of sessions on the interpretation of common and uncommon examples of tests is provided. Other lectures topics address a number of autonomic manifestations and disorders (such as POTS, syncope, autonomic neuropathies, multiple system atrophy, painful conditions associated with autonomic dysfunction).

Enclosed is the Exhibitor Registration Form and Agreement if your company is interested. If you need any additional information or if there are company-specific forms that need to be completed, please do not hesitate to contact our CME Specialist, Nicki Smith. We hope you can join us!

Nicki Smith, CME Specialist  
Mayo School of Continuous Professional Development  
Plummer 2-60, 200 First Street SW  
Rochester, Minnesota 55905

Phone: 507.266.5045 Fax: 507.538.7234 Email: [smith.nicki2@mayo.edu](mailto:smith.nicki2@mayo.edu)

Sincerely,

**Nicki Smith** | CME Specialist | Mayo School of Continuous Professional Development | 507-266-5045 | Fax: 507-538-7234 | [smith.nicki2@mayo.edu](mailto:smith.nicki2@mayo.edu)

**Mayo Clinic** | 200 First Street SW | Plummer 2-60 | Rochester, MN 55905 | MSCPD  
Website <http://ce.mayo.edu>



## Mayo Clinic School of Continuous Professional Development

### Clinical Autonomic Quantitative Workshop October 27-28, 2017 (exhibiting October 28)

#### Exhibitor Registration Form

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Indicate your interest by returning this application and agreement below. Only those who return the agreement will be recognized in course materials.

**Company Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Representative  
In charge of exhibit:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Business Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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

**Other Representative Names:** \_\_\_\_\_

**Our company will:** (check appropriate box -- double click shaded box for check option)

- ☐ Exhibit our products/services at this conference and provide an exhibit fee of \$1,000.
- ☐ Our company is not able to participate at this time. Please keep us in mind my name for future opportunities.

#### Display Information:

Does your display require:

- Electricity (power outlet) needed? ☐ Yes ☐ No If so, how many? \_\_\_\_\_  
Number of Volts? \_\_\_\_\_ Amps? \_\_\_\_\_
- Additional special equipment or requests? (Please identify) \_\_\_\_\_

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**Please complete and return by mail or fax (507-538-7234). Send your signed letter of agreement and check payable to Mayo Clinic to the address below. Our Federal ID# is 41-6011702.**

Attn: Nicki Smith  
Mayo School of Continuous Professional Development  
200 First Street SW  
Plummer 2-60  
Rochester, Minnesota 55905

# Mayo Clinic School of Continuous Professional Development (MCSCPD)

## Exhibitor Agreement

*Regarding the Terms and Conditions for a Commercial Exhibit*

Activity Title: \_\_\_\_\_ Activity Number: \_\_\_\_\_

Location: \_\_\_\_\_ Date(s) \_\_\_\_\_

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 \$ \_\_\_\_\_

### 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.

### AGREED

EXHIBITOR Representative: \_\_\_\_\_  
(Name) (Signature)

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

Send to: Attn: Nicki Smith  
Mayo Clinic, Mayo School of Continuous Professional Development  
200 First Street SW  
Plummer 2-60  
Rochester, Minnesota 55905  
Telephone: 507-266-5045 Fax: 507-538-7234