



May 21, 2015

Greetings,

On behalf of course directors M. Molly McMahon, M.D., Manpreet S. Mundi, M.D., Donald D. Hensrud, M.D., and Mayo Clinic School of Continuous Professional Development, we are pleased to announce our upcoming 2015 Nutrition and Wellness in Health and Disease course to be held September 25-26, 2015 at The Mayflower Renaissance Hotel in Washington, D.C.

The 15th Annual Mayo Clinic Nutrition and Wellness in Health and Disease course will provide a full spectrum, in-depth overview of situations that clinicians encounter in the ambulatory setting including effective ways to provide nutrition counseling, obesity and obesity-associated medical conditions, and other common nutrition issues, in addition to physical activity and wellness. Current clinical topics will be highlighted through presentations, interactive case studies, and panel discussions. You may find additional course details on the course website:

<https://ce.mayo.edu/nutrition/node/1276>.

The 2015 course is designed for physicians (general internal medicine, family medicine, endocrinologists, and subspecialists interested in nutrition), advanced practice clinicians (nurse practitioners and physician assistants), dietitians, nurses, and health and wellness specialists. Each year we have experienced solid attendance and this year we project attendance levels near 300. The faculty will be selected from Mayo Clinic for their expertise, knowledge, and clinical acumen.

Mayo Clinic recognizes these types of educational programs would not be possible without your support. We invite you to participate in these educational activities with an exhibit in the amount of \$2,000.00.

If you are interested in participating in our course, please complete and return the provided Exhibitor Agreement form and payment before **September 1, 2015**. This agreement may be substituted with your company's standard Letter of Agreement form. Please make payment payable to Mayo Clinic and send payment to my attention at the address below. For your convenience, our Federal tax identification number is 41-6011702.

In support of ACCME guidelines exhibitors will be located in a separate area from the educational activity. Participating exhibitors will be allowed to set up at The Mayflower Renaissance Hotel in the Zurich Foyer on Thursday, September 24, 2015 after 11:00a.m.

Exhibitors are welcome to confirm hotel reservations utilizing our special group rate at the Swissotel. In order to receive the special rate, ***reservations must be made before the room block is filled.***

We look forward to the success of our 2015 Nutrition and Wellness in Health and Disease course and hope you will be able to join us in Washington, D.C. this coming September. If you have any questions or your company requires completion of a web-based application, please feel free to contact me.

Sincerely,

Shannon Halvorson
Education Administration Coordinator
Mayo School of Continuous Professional Development
200 First Street SW
Rochester, MN 55905
halvorson.shannon@mayo.edu
Phone: 507-293-2103



Mayo School of Continuous Professional Development (MSCPD)

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: **15th Annual Nutrition & Wellness in Health and Disease** Activity Number: **2015R937**

Location: **The Mayflower Renaissance Hotel, Washington, D.C.**

Date(s): **September 25-26, 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 **\$2,000.00**

Payment Information

☐ **Check**

Make check payable to **Mayo Clinic** and remit to: Mayo School of Continuous Professional Development
Federal Tax ID number is 41-6011702

Attn: Shannon Halvorson
200 First Street SW
Rochester, MN 55905

(Identify **“Nutrition & Wellness in Health and Disease”** on check)

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:
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.