



Mayo Clinic Virtual Hall Exhibitor Prospectus
Updates in Palliative Care 2021 - LIVESTREAM

May 6-7, 2021

WELCOME

Greetings,

On behalf of course directors Molly A. Feely, M.D. and Jacob J. Strand, M.D. and the Mayo Clinic School of Continuous Professional Development we are pleased to announce this year's **Updates in Palliative Care 2021** course held via livestream, May 6-7, 2021.

Course Description

Updates in Palliative Care is a multidisciplinary CME course designed to build and enhance your palliative care knowledge. Experts from the Mayo Clinic Center for Palliative Care provide clinically relevant pearls for palliative care providers and clinicians from primary care, hematology/oncology, hospital medicine, critical care and related specialties. If you care for patients with serious illness and are looking to broaden your skills beyond the basics, this is the course for you.

- Convenient livestream format
- Dynamic, case-based presentations
- Timely palliative care content such as management of refractory symptoms when usual therapies fail, strategies for complex communication scenarios, adaptive coping, spiritual distress and pain management strategies for seriously ill patients with high opioid risk

Target Audience

Targeted clinician specialties (MD, NP, PA-C) include clinicians from general internal medicine, family medicine, hospital medicine, oncology, critical care, geriatrics, nephrology and cardiology.

Exhibit Information

Mayo Clinic recognizes these types of educational programs would not be possible without your support. We invite you to participate in this livestream educational activity with a virtual exhibit in the amount of \$1,500. If you are interested in participating in this course, please complete and return the enclosed Exhibitor Agreement form with payment prior to April 16, 2021.

We look forward to the success of our Updates in Palliative Care 2021 course! If you have any questions please feel free to contact us.

Sincerely,

Aliesha Bechly
CME Specialist
Mayo Clinic School of Continuous Professional Development

Kris Jones
Education Administration Coordinator
Mayo Clinic School of Continuous Professional Development
200 First Street SW
Rochester, MN 55905
Phone: 507-266-3071 E-mail: jones.kristen@mayo.edu

WHY EXHIBIT IN OUR VIRTUAL HALL?


As many in-person national conferences and training events are being canceled and postponed, Mayo Clinic's Virtual Exhibit Hall provides companies with an innovative way to highlight your offerings to potential customers – without travel expenses, shipping of booths/materials, set-ups, or required staff.

Open 24/7 for one year for attendees, the Virtual Exhibit Hall maximizes your visibility, while providing unique customization of your messaging. You can showcase your products/services, share company videos and podcasts, provide informational brochures, photos and literature, and offer access to your key organization contacts and website links.

Exhibitor Benefits

- Virtual Exhibit Hall promotion before, during and after conference- the content will be available to attendees for one year post-activity.
- Listing in Exhibitor Directory with link to company website & Landing Page- listing will be alphabetical
- Exhibit Booth Customization, options include PowerPoint slide, PDF handout, or video
- Two non-CME conference access links for representatives to attend all sessions.
- 90 days post-activity, exhibitors will be provided analytics on page traffic
- Attendee list (full name and company name) one week prior to the conference
- Vendor Recognition in course syllabus, opening/closing remarks, and break times

Mayo Clinic - Exhibitor




Mayo Clinic
Rochester, MN

Contact Information:

Exhibitor Name
Email
Phone
Company Website

Virtual Exhibit Hall Home



Mayo Clinic Mission and Values

Mission

To inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research.

Primary value

The needs of the patient come first.

Value statements

These values, which guide Mayo Clinic's mission to this day, are an expression of the vision and intent of our founders, the original Mayo physicians and the Sisters of Saint Francis.

Respect

Treat everyone in our diverse community, including patients, their families and colleagues, with dignity.

Integrity

Adhere to the highest standards of professionalism, ethics and personal responsibility, worthy of the trust our patients place in us.

Compassion

Provide the best care, treating patients and family members with sensitivity and empathy.

Sample Booth

Mayo Clinic School of Continuous Professional Development (MCSCPD) Exhibitor Agreement

Activity Title	Updates in Palliative Care 2021 - LIVESTREAM
Activity Number	21R00225
Location	Livestream
Exhibit Dates	May 6-7, 2021

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine and Science – MCSCPD AND:

Company Name (Exhibitor) (as it should appear on printed materials)	
Exhibit Contact (if different then exhibit Rep.)	
Address	
Telephone	
Company Website	
Email	
The named exhibitor wishes to exhibit at the above named activity for the amount of	\$1,500

NOTE: There may be additional charges depending on the meeting location (power, internet access, etc.).

Please list additional requests here: (please note: additional requests may incur additional fees)

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." "For 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 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 exhibit fees 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.
- If this agreement is cancelled by either party forty-five (45) days or more in advance of the Activity Date, PROVIDER will refund the Exhibit Fee less a \$300 processing fee. If this agreement is cancelled by EXHIBITOR less than forty-five (45) days in advance of the Activity Date, the total amount due under this Agreement shall be immediately due and payable to PROVIDER.
- 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.

Note: All exhibitors must be approved by MCSCPD and this agreement is not binding until both parties have signed. MCSCPD maintains the right to refuse any exhibitor.

By signing below, I agree to the "Terms and Conditions" outlined on Page 1 of this Exhibitor Agreement (including ACCME Standards for Commercial Support):

The person signing below is authorized to enter into this agreement:

Exhibitor Representative Name	Signature	Date
Mayo Clinic Representative Name	Signature	Date

PAYMENT INFORMATION

Please indicate your method of payment:

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card or Wire Transfer
Please remit check payable to: Mayo Clinic - School of CPD 200 First St SW, Plummer 2-60 Rochester, MN 55905 Identify on check stub: Palliative Care / 21R00225	For payment by credit card or wire transfer, please call the MCSCPD Registrar at 800-323-2688 <i>Do not send credit card information via email or fax.</i>

PROVIDER Federal Tax ID number is 41-6011702

Return signed form to:

Kris Jones

Mayo Clinic School of Continuous Professional Development

200 First ST SW, Plummer 2-60

Rochester, MN 5595

T: 507-266-3071

E-mail: jones.kristen@mayo.edu

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Mayo Clinic		
2 Business name/disregarded entity name, if different from above		
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its 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) <u>1</u> Exemption from FATCA reporting code (if any) <u>A</u> <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 200 First Street SW		Requester's name and address (optional)
6 City, state, and ZIP code Rochester, MN 55905		
7 List account number(s) here (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-				-	
or								
Employer identification number								
4	1	-	6	0	1	1	7	0 2

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

01/01/21

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.