

Mayo Clinic School of Continuous Professional Development

13400 East Shea Boulevard Scottsdale, Arizona 85259 Telephone: (480) 301-4580

Dear Representative,

On behalf of Mayo Clinic and Mayo Clinic School of Continuous Professional Development, we are pleased to announce **Multidisciplinary Update in Pulmonary and Critical Care Medicine 2019** that will be held April 11-14, 2019 at the Mountain Shadows Resort in Scottsdale, Arizona. We invite you and your company to exhibit at this CME activity. The exhibit fee is \$2,000. Space is limited; early registration is advised.

This course will provide a state-of-the-art update on clinical advances in pulmonary and critical care medicine. A multidisciplinary faculty from Mayo Clinic will provide a comprehensive approach to the current evaluation and management of various respiratory diseases. Topics include: airway disease, critical care, interstitial lung diseases and sleep disorders.

As you can see from the attached program, we have designed an excellent course to give Pulmonologists, Intensivists, General Internists, Hospitalists, Thoracic Surgeons, Anesthesiologists, Sleep and Emergency Room Specialists, Physician Assistants, Nurse Practitioners, and Allied Health Professionals clinically important information in pulmonary and critical care medicine.

Mayo Clinic offers a variety of sponsorship opportunities for industry support! Please refer to the attached sponsorship description page for available opportunities.

If you will join us, please complete the attached exhibitor agreement and return it with your payment (made payable to Mayo Clinic in Arizona) to Mayo Clinic School of Continuous Professional Development, Attn: Kristy Badder, 13400 East Shea Boulevard, Scottsdale, AZ 85259. Please denote course activity #19S06125 on all correspondence. Mayo Clinic's Tax ID number is 86-0800150; our W-9 form is attached for your convenience.

To maintain a clear separation of promotion from education, exhibits will be located adjacent to where the educational sessions will be held. Displays should be staffed during breakfasts and breaks April 11-14; times are denoted on the attached program.

We hope you will join us in Scottsdale in April!

Sincerely.

RW. Viggino Mo

Robert W. Viggiano, M.D.

Course Director Division of Pulmonary& Critical Care Medicine Mayo Clinic Scottsdale, AZ Charles D. Burger, M.D.

Charles D Ruger, MD

Course Director Division of Pulmonary & Critical Care Medicine Mayo Clinic

Jacksonville, FL

Ulrich Specks, M.D.

1. Souls

Course Director Division of Pulmonary & Critical Care Medicine

Mayo Clinic Rochester, MN



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

Activity Title	Multidisciplinary Update in Pulmonary & Critical Care Medicine 2019
Activity Number	19S06125
Location	Mountain Shadows Resort, Scottsdale, Arizona
Exhibit Dates	April 11-14, 2019

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.)		
Name(s) of Representative(s) Exhibiting		
(Maximum of two representatives allowed per exhibit)		
Address		
Telephone		
Fax		
Email		
The named exhibitor wishes to exhibit at the above named activity for the amount of		\$2,000
<u>Sponsorship</u>	<u>Opportunities</u>	
☐ Lanyards (limited to one organizations)		\$2,000
☐ Drawstring Bags (limited to one organization)		\$3,000
☐ Hotel Key Cards (limited to one organization)		\$4,000
☐ Conference Bag Inserts (multiple opportunities a	vailable)	\$1,500
	TOTAL AMOUNT	\$

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
Kristy Badder		

PAYMENT INFORMATION

Please indicate your method of payment:

PROVIDER Federal Tax ID number is 86-0800150.

Please remit check payable to: Mayo Clinic Arizona. Please identify name of course on the check stub.

☐ Check	☐ Credit Card or Wire Transfer
Make payable to Mayo Clinic Arizona and remit to:	For payment by credit card or wire transfer, please call the MCSCPD Registrar at 480-301-4580
Mayo Clinic School of Continuous Professional Development Attn: Kristy Badder 13400 East Shea Blvd. Scottsdale, AZ 85259	Do not send credit card information via email or fax.
Please identify course 19S06125 on the check.	

Complete and return this form along with your payment made to Mayo Clinic Arizona, Federal Tax ID# 86-0800150 to:

Mayo Clinic School of Continuous Professional Development Attn: Kristy Badder 13400 East Shea Blvd. Scottsdale, AZ 85259

T: 480-301-4580 F: 480-301-9161



Mayo Clinic School of Continuous Professional Development (MCSCPD) Sponsorship Opportunities

<u>Opportunity</u> <u>Cost</u>

Lanyards \$2,000

(Sponsor-provided, pre-printed lanyards; limited to one organization)

Every attendee is required to wear a name badge, so what better way to advertise your company than with your logo on a lanyard! (Quantity to be determined 60 days before course.)

Drawstring Bags \$3,000

(Sponsor-provided, pre-printed drawstring bags; limited to one organization)

Help keep course attendees organized by providing them with a drawstring bag to carry their course materials in with your company's logo on it! Drawstring bags to be provided by sponsor; artwork and bag are subject to MCSCPD approval. (Quantity to be determined 60 days before course.)

Hotel Key Cards \$4,000

(Limited to one organization)

Personalize hotel guest room keys with your company's logo or product promotion for immediate exposure to attendees. Use this as a great way to introduce yourselves to our attendees upon checking into the host hotel. Artwork to be provided by sponsoring company and is subject to MCSCPD approval. (Artwork is due to MCSCPD 90 days before course.)

Conference Bag Inserts \$1,500 each

(Multiple opportunities available)

Conference bag inserts are a great opportunity to invite attendees to your booth, announce your booth participation or conference- related event. Your company will provide copies of the flyer or advertisement (no larger than 8 ½ x 11, no more than one page) and the MCSCPD will stuff them into the official conference bags. A limited number of bag inserts are permitted, so early reservation is encouraged. Artwork is subject to MCSCPD approval. (Quantity of fliers/advertisements to be determined 60 days before course.)

As an industry supporter, if you have a sponsorship opportunity idea that isn't mentioned on this page, please contact MCSCPD to discuss.

If you are interested in one of our sponsorship opportunities contact MCSCPD for more information at mca.cme@mayo.edu or 480-301-4580.

(Rev. October 2018) Department of the Treasury Internal Revenue Service

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.

	1 Name (as shown on your income tax return). Name is required on this line; d	o not leave this line blank.		
	Mayo Clinic Arizona			
	2 Business name/disregarded entity name, if different from above			
s on page	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes.		eck only one of the	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC	Partnership	☐ Trust/estate	Exempt payee code (if any) 1
type	Limited liability company. Enter the tax classification (C=C corporation, S	=S corporation, P=Partners	ship) ▶	
Print or type. fic Instructions	Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax points is disregarded from the owner should check the appropriate box for the texture.	rom the owner unless the o purposes. Otherwise, a sing	wner of the LLC is le-member LLC that	Exemption from FATCA reporting code (if any)A
eci	✓ Other (see instructions) ► 501(c)(3) Tax-exempt	Nonprofit Corporation	on	(Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name a	and address (optional)
See	13400 East Shea Boulevard			
	6 City, state, and ZIP code			
	Scottsdale, AZ 85259 7 List account number(s) here (optional)			
	List account number(s) here (optional)			
Par	Taxpayer Identification Number (TIN)		Test Consultation	
Enter	your TIN in the appropriate box. The TIN provided must match the nar	ne given on line 1 to avo	oid Social sec	curity number
backu	withholding. For individuals, this is generally your social security nur	nber (SSN). However, fo		
	nt alien, sole proprietor, or disregarded entity, see the instructions for s, it is your employer identification number (EIN). If you do not have a		t a	- -
TIN, la			or	
Note: If the account is in more than one name, see the instructions for line 1. Also see		. Also see What Name a	and Employer	identification number
INUITID	er To Give the Requester for guidelines on whose number to enter.		8 6	- 0 8 0 0 1 5 0
Part	II Certification			
Under	penalties of perjury, I certify that:			
2. I am Serv	number shown on this form is my correct taxpayer identification numl not subject to backup withholding because: (a) I am exempt from ba- rice (IRS) that I am subject to backup withholding as a result of a failu- langer subject to backup withholding; and	ckup withholding, or (b)	I have not been no	otified by the Internal Revenue
3. I am	a U.S. citizen or other U.S. person (defined below); and			
	FATCA code(s) entered on this form (if any) indicating that I am exemple a second code (s) entered on this form (if any) indicating that I am exemple a second code (s) entered on this form (if any) indicating that I am exemple a second code (s) entered on this form (if any) indicating that I am exemple a second code (s) entered on this form (if any) indicating that I am exemple a second code (s) entered on this form (if any) indicating that I am exemple a second code (s) entered on this form (if any) indicating that I am exemple a second code (s) entered on this form (if any) indicating that I am exemple a second code (s) entered on this form (if any) indicating that I am exemple a second code (s) entered on this form (if any) indicating that I am exemple a second code (s) entered code (s) ente		_	
you ha acquis	cation instructions. You must cross out item 2 above if you have been not gailed to report all interest and dividends on your tax return. For real estion or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to sign the certification, but are not required to sign the certification.	tate transactions, item 2 ons to an individual retire	does not apply. Fo ement arrangement	r mortgage interest paid, (IRA), and generally, payments
Sign Here	Signature of U.S. person ▶ 1224 mloch	D	Date ▶ - 9	-19
Ger	neral Instructions	• Form 1099-DIV (div funds)	vidends, including	those from stocks or mutual
noted.	n references are to the Internal Revenue Code unless otherwise	Form 1099-MISC (v proceeds)	various types of in-	come, prizes, awards, or gross
	developments. For the latest information about developments	 Form 1099-B (stock 	k or mutual fund s	ales and certain other

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)

- 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.

Program Schedule

Multidisciplinary Update in Pulmonary and Critical Care Medicine 2019

Thursday, April 11, 2019

6:45 a.m.	Registration & Continental Breakfast
7:20 a.m.	Welcome Announcements
7:30 a.m.	Management of Acute Respiratory Failure Emir Festic, M.D., M.S.
8:10 a.m.	Bronchoscopy for the Intensivist Neal M. Patel, M.D.
8:50 a.m.	An Approach to Prolonged Respiratory Failure Augustine S. Lee, M.D.
9:30 a.m.	Break
9:50 a.m.	Sepsis: The Controversy Never Stops Rodrigo Cartin-Ceba, M.D.
10:30 a.m.	Management of Violent Patients in the ICU Craig E. Daniels, M.D.
11:10 a.m.	Artificial Intelligence in the ICU Steve G. Peters, M.D.
11:50 a.m.	Critical Care Literature Review Aaron B. Skolnik, M.D.
12:30 p.m.	Adjourn

Friday, April 12, 2019

6:45 a.m.	Continental Breakfast
7:25 a.m.	Announcements
7:30 a.m.	Drug-Induced Lung Disease Jay H. Ryu, M.D.
8:10 a.m.	Acute Exacerbations of Interstitial Lung Disease Natalya Azadeh, M.D., M.P.H.
8:50 a.m.	Top Ten Pearls of Pulmonary Pathology Maxwell L. Smith, M.D.
9:30 a.m.	Break
9:50 a.m.	Top Ten Pearls of Pulmonary Pathology (continued) Maxwell L. Smith, M.D.
10:30 a.m.	Interesting Pulmonary Cases Jay H. Ryu, M.D.
11:10 a.m.	Update in COPD Roberto P. Benzo, M.D.
11:50 a.m.	Pulmonary Rehabilitation and Behavioral Programs for Chronic Lung Disease Roberto P. Benzo, M.D.
12:30 p.m.	Adjourn

Saturday, April 13, 2019

6:45 a.m.	Continental Breakfast
7:25 a.m.	Announcements
7:30 a.m.	Update in Bronchoscopy Eric S. Edell, M.D.
8:10 a.m.	Pleural Update 2019 Kenneth K. Sakata, M.D.
8:50 a.m.	Interesting Thoracic Disease Surgical Cases Staci E. Beamer, M.D.
9:30 a.m.	Break
9:50 a.m.	MD Management of Non-Cystic Fibrosis Bronchiectasis Margaret M. Johnson, M.D.
10:30 a.m.	MD Update in Asthma Vivek N. Iyer, M.D.
11:10 a.m.	Cross-Sectional Imaging for Pulmonary Embolism Michael B. Gotway, M.D.
11:50 a.m.	Controversies in the Diagnosis and Management of Pulmonary Embolism Sean M. Caples, D.O., M.S.
12:30 p.m.	Adjourn

Sunday, April 14, 2019

6:30 a.m.	Continental Breakfast
6:55 a.m.	Announcements
7:00 a.m.	Pulmonary Literature Review Dante N. Schiavo, M.D.
7:45 a.m.	Case Based Review of CPAP Downloads Eric J. Olson, M.D.
8:30 a.m.	Break
8:45 a.m.	Update in Sleep Apnea and Cardiovascular Disease Sean M. Caples, D.O., M.S.
9:30 a.m.	PAP (Positive Airway Pressure) is Where It's At! Bernie W. Miller, M-HSA, RRT, RPSGT, CCSH