



May, 2016

Greetings,

On behalf of Mayo School of Continuous Professional Development, we are pleased to announce Mayo Clinic's upcoming CME Course, ***Mayo Clinic Comprehensive Shoulder and Elbow Course: Current Concepts and Controversies***. This course is January 21-22, 2017 at the Westin Kierland in Scottsdale, Arizona. This is the only shoulder or elbow course offered by Mayo Clinic in 2017 that is open to all interested attendees; The Mayo Clinic Elbow Course is an invite-only course and is happening in 2017.

PROGRAM OVERVIEW

Comprehensive Shoulder and Elbow Course: Current Concepts and Controversies provides information on the latest treatment options for shoulder and elbow arthroplasty, arthroscopy, fracture and reconstruction. The focus is on the best current practice in diagnosis, treatment and new technology. Faculty with international expertise in shoulder and elbow surgery discuss how to optimize surgical techniques and how to avoid complications. Didactic sessions emphasize tips and pearls to approach complex shoulder and elbow reconstruction. Attendees are encouraged to bring cases for discussion.

Course topics include:

Shoulder: Instability, Arthroplasty, Shoulder Fracture Disasters, Shoulder Reconstruction

Elbow: Management of the Stiff Elbow, Common Mistakes in Elbow Arthroscopy, Elbow Arthroscopy Disasters, Elbow Trauma and Reconstruction

Exhibit Opportunity

At this time, we would like to invite you to exhibit at the course. The exhibit fee is \$1,500 and exhibit space is limited. If you are interested in exhibiting, please complete and return the attached exhibitor registration and letter of agreement to Kathy Fuqua: Fuqua.kathy@mayo.edu or fax: 507-538-7234.

We look forward to your support and participation. If you have any questions, please contact Julie Reed by telephone at (507) 266-2821 or via e-mail at reed.julie1@mayo.edu.

Thank you for your consideration and we look forward to a favorable reply.

Sincerely,

Diane L. Dahm, M.D.

John W. Sperling, M.D.

Scott P. Steinmann, M.D.

Course Directors



Mayo School of Continuous Professional Development (MSCPD) Exhibitor Agreement

Activity Title	Comprehensive Shoulder and Elbow Course: Current Concepts and Controversies
Activity Number	17R04791
Location	Westin Kierland, Scottsdale, AZ
Dates	January 21-22, 2017

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine – MSCP 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	\$1,500

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.
- 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.

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:

PROVIDER Federal Tax ID number is 41-6011702.

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

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card or Wire Transfer
Make payable to: Mayo Clinic Mayo School of Continuous Professional Development 200 First St SW, Plummer 2-60 Rochester, MN 55905 Please identify Shoulder/Elbow on the check.	For payment by credit card or wire transfer, please call the MSCPD Registrar at 800-323-2688 <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:

Complete and return this form along with your payment made to Mayo Clinic,
Federal Tax ID# 41-6011702 before **January 2, 2017** to:
Kathy Fuqua
200 First St SW, Plummer 2-60
Rochester, MN 55905
Fuqua.kathy@mayo.edu



Mayo Clinic Comprehensive Shoulder and Elbow Course: Current Concepts and Controversies

January 21-22, 2017
Westin Kierland, Scottsdale, AZ
Exhibit Representative Registration Form

Company Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Name of Representative in charge of exhibit: _____

(Please type or print name exactly as you want it to appear on the name tag)

Mailing Address: _____

City/State/Zip Code: _____

Business Telephone: _____

Fax Number: _____

E-mail address: _____

2nd Representative: _____

Email Address: _____

Display Information:

A 6' table will be provided for your exhibit (*a maximum of two representatives are allowed per exhibit*).

Please list additional requests here (i.e. power): _____

Complete and return this form **by January 3, 2017** to:

Kathy Fuqua – fuqua.kathy@mayo.edu

Mayo School of Continuous Professional Development

Plummer 2-60

200 First Street SW

Rochester, Minnesota 55905

Fax: (507) 538-7234