



June 2018

Greetings,

On behalf of Mayo Clinic Orthopedics Department, we are pleased to announce the upcoming CME Course, ***Mayo Clinic Comprehensive Shoulder and Elbow Course: Current Concepts and Controversies***. This course is January 19-20, 2019 at the Westin Kierland in Scottsdale, Arizona.

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

The complete program schedule can be viewed on the [course website](#).

Exhibit Opportunity

At this time, we would like to invite you to exhibit at the course. The exhibit fee is \$1,750 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,

A handwritten signature in cursive script that reads 'Julie Reed'.

Julie Reed
CME Specialist



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

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

Activity Title	Comprehensive Shoulder & Elbow
Activity Number	19R05875
Location	Westin Kierland, Scottsdale, AZ
Dates	January 19-20, 2019

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	\$1,750
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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 EXHIBITOR is obligated to provide full payment of all amounts due under this agreement 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:

PROVIDER **Federal Tax ID number is 41-6011702.**

Please remit check payable to: Mayo Clinic- Mayo Clinic 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 Clinic School of Continuous Professional Development 200 First St SW, Plummer 2-60 Rochester, MN 55905 Please identify Shoulder & Elbow Course on the check.	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>

Complete and return this form along with your payment made to Mayo Clinic,
Federal Tax ID# 41-6011702 before **January 4, 2019** to:

Kathy Fuqua
200 First St SW, Plummer 2-60
Rochester, MN 55905
Fuqua.kathy@mayo.edu