



February 16, 2018

On behalf of course directors Rabih G. Tawk, M.D. and Evandro de Oliveira, M.D. we hope you will consider an exhibit opportunity at our **Microsurgical Approaches to Aneurysms and Skull Base Diseases**. This course will be held on two different dates: **June 14-16, 2018 and November 15-17, 2018**. This course is designed for neurosurgery medical providers at various stages of their careers including residents, fellows, attendings, nurse practitioners and physician assistants.

Display fees to exhibit for the full three-day course in our Mayo Clinic Simulation Center are \$3,000. Display fees for exhibiting at both full three-day courses will be \$5,000. Space is limited and table assignments will be made on a first come, first served basis, reserved when the signed agreement is received in our office.

Mayo Clinic, an integrated, not-for-profit group practice, is committed to meeting its responsibility as a national medical education resource and is accredited by the Accreditation Council for Continuing Medical Education to provide up to 22 AMA PRA Category 1 Credit(s)™ for this course.

Our programs provide valuable information on unmet needs to the medical community. We sincerely appreciate your consideration and hope you will take the opportunity to join us for a truly unique educational program.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Lauren Wilbur'.

Lauren Wilbur
Education Administration Coordinator

Make checks payable to:
Mayo Clinic
Attn: 18J06016/ L. Wilbur
Stabile 790N- Education
4500 San Pablo Road
Jacksonville, FL 32224
Tax ID: 59-3337028

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

Activity Title	Microsurgical Approaches to Aneurysms and Skull Base Diseases 2018
Activity Number	18J06016
Location	Mayo Clinic Jacksonville Simulation Center
Dates	June 14-16, 2018 & November 15-17, 2018

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:	

\$3,000	June 14-16, 2018
\$3,000	November 15-17, 2018
\$5,000	Discounted Rate Both Dates

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 59-3337028

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
Make payable to: Mayo Clinic Florida Mayo Clinic School of Continuous Professional Development/ Attn Lauren Wilbur Stabile 790N 4500 San Pablo Road Jacksonville, FL 32224 Please identify 18J06016 on the check.	For payment by credit card, please call the MCSCPD at 800-462-9633 <i>Do not send credit card information via email or fax.</i>

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4500 San Pablo Rd
Jacksonville, FL 32224

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MICROSURGICAL APPROACHES TO ANEURYSMS AND SKULL BASE DISEASES

MAYO CLINIC
J. WAYNE AND DELORES BARR WEAVER
SIMULATION CENTER
JACKSONVILLE, FL
JUNE 14–16, 2018
NOVEMBER 15–17, 2018

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MAYO CLINIC
J. WAYNE AND DELORES BARR WEAVER
SIMULATION CENTER
JACKSONVILLE, FL
JUNE 14–16, 2018
NOVEMBER 15–17, 2018



Mayo Clinic School of Continuous Professional Development

MICROSURGICAL APPROACHES TO ANEURYSMS AND SKULL BASE DISEASES

COURSE HIGHLIGHTS

- Review of surgical approaches and operative techniques pertaining to surgical treatment of skull base lesions such as skull base tumors, cerebral aneurysms, and other disorders
- Combines both microscopic techniques with simulated micro-anastomosis training session to improve microsurgical skills
- Intensive hands-on cadaver dissection sessions, covering a broad spectrum of transcranial approaches
- Participants will work in teams on prepared injected fixed specimens under the guidance of a distinguished expert Faculty

TARGET AUDIENCE

This course is designed for neurosurgery medical providers at various stages of their careers including residents, fellows, attendings, nurse practitioners and physician assistants.

LEARNING OBJECTIVES

Upon conclusion of this program, participants should be able to:

- Identify the major skull base approaches to various neurosurgical and vascular disorders affecting the skull base and brain
- Review the appropriate approaches and microsurgical techniques for treatment of complex neurosurgical disorders
- Demonstrate various techniques during hands-on sessions on cadaveric specimens to improve skills
- Perform techniques for pretemporal, cavernous sinus and far lateral approaches

COURSE DIRECTORS

Rabih G. Tawk, M.D.

Evandro de Oliveira, M.D., Ph.D.



COURSE CO-DIRECTOR

Christina Collins, A.R.N.P.

REGISTRATION FEES

Physicians/Scientists

\$700

ARNP's, PA's, Residents, Fellows, Allied Health and Retirees

\$500

CANCELLATION POLICY

Visit ce.mayo.edu for more information.

LIMITED REGISTRATION

Register online at: June Course -

November Course -

CE.MAYO.EDU/SKULLJUNE2018

CE.MAYO.EDU/SKULLNOVEMBER2018

FACULTY

Benjamin L. Brown, M.D.

Christina Collins, A.R.N.P.

Evandro de Oliveira, M.D., Ph.D.

Wen Hung Tzu, M.D.

Giuseppe Lanzino, M.D.

Vicent Quilis Quesada, M.D., Ph.D.

Alfredo Quiñones-Hinojosa, M.D.

Daryoush Tavanaiepour, M.D.

Rabih G. Tawk, M.D.

HANDS-ON WORKSHOP AT-A-GLANCE

- Pterional Approach
- Pretemporal and OZ Approach
- Opening of the Sylvian and Basal Cisterns
- Cavernous Sinus Approach
- Paraclinoid Aneurysms
- Posterior Circulation Aneurysms
- Far Lateral Approach
- Supraorbital Approach

For a detailed agenda, please visit the course website.

OPENING RECEPTION

Thursday, June 14, 2018

Thursday, November 15, 2018

Attendees and their guest are cordially invited to join the course faculty for the Opening Reception on Thursday.



"...an amazing initiative to improve our skills to become a better neurosurgeon."

~Past Course Participant



"Theoretical combined with practical applications were incredible!"

~Past Course Participant

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 Jacksonville	
	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"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <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) 1 Exemption from FATCA reporting code (if any) A <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. 4500 San Pablo Road	
	6 City, state, and ZIP code Jacksonville, FL 32224	
	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								
5	9	-	3	3	3	7	0	2 8

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 ►

1-2-18

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.