



**Mayo Clinic School of Continuous
Professional Development**

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

Dear Representative,

I would like to invite you to participate as an exhibitor and consider a special opportunity to have your company and your education coordinator participate in our upcoming course entitled, 2nd Annual Mayo Clinic Advances and Innovations in Complex Neuroscience Patient Care: Brain and Spine course's Device and Technology Showcase with Hands-on Simulation, to be held on March 7-9, 2019, in Sedona, Arizona. A lot of thought has gone into the design of this program and proposed faculty. Part of designing the right program has included the input from Joseph I. Sirven, M.D., Associate Director and Co-Directors, Chandan Krishna, M.D., Maciej M. Mrugala, M.D., Ph.D., and Alyx B. Porter, M.D.

We have received requests to offer different opportunities of support beyond exhibiting and Device and Technology Showcase with Hands-on Simulation. All the options are denoted below in the Exhibitor and Sponsorship Agreement. No models or demonstrations can be done during regular exhibit hours. It is important to note the following about the Device and Technology Showcase with Hands-on Simulation segment, it is an optional activity that must be lead onsite by the company's education liaison (a clinical expert or engineer) as opposed to a sales representative. Ideally, a simulator will be used with a camera to facilitate the simulation/presentation. Only those companies participating in the Device and Technology Showcase with Hands-on Simulation can be available within the workshop time period, a period set aside on Thursday and Friday afternoons as per the attached program.

We have worked hard to create a unique format that will include over 200 case presentations focused on skull base, brain and spinal cord tumors, neuro-vascular disease, neurosurgical emergencies, acute stroke, endoscopic techniques, proton beam, minimally invasive skull base surgery, scoliosis, spine oncology, and minimally invasive spine surgery. We want to raise the bar on what an educational experience can be and this will change practices in the very near future. This course will be very interactive with panel discussions and use of an interactive audience response system. A course schedule is attached for your perusal.

This course is designed for physicians practicing in neurology, neurosurgery, emergency medicine, medical oncology and primary care, as well as advanced practice nurse practitioners, physician assistants, nurses and other healthcare providers interested in the neurosciences. We expect over 100 people to join us in Sedona. This course is marketed nationally we anticipate healthcare professionals from across the United States to join us. The program will provide healthcare professionals with new knowledge and assist in the acquisition and maintenance of professional skills which will provide cost-effective and efficient care and, ultimately, better patient outcomes.

To maintain a clear separation of promotion from education, all exhibits will be held in a location adjacent to the general session room. One skirted, six foot table and two chairs will be provided for table-top displays (or the equivalent square footage for those who do not need a table). Multiple tables can be acquired and it is important for you to note that space is limited and will be assigned in first confirmed order. Dedicated exhibit time is during the breakfast and mid-morning breaks each day. For your planning purposes, no more than two representatives may staff the display at any time.

We hope you give this request a thoughtful review. If you have any questions, please reach out to Kristy Badder at exhibits@mayo.edu. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Bernard R. Bendok".

Bernard R. Bendok, M.D., M.S.C.I.
Course Director
Chair, Department of Neurosurgery
Professor of Neurosurgery
Mayo Clinic College of Medicine



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

Activity Title	Mayo Clinic Advances & Innovations in Complex Neuroscience Patient Care: Brain & Spine 2019
Activity Number	19S06392
Location	The Enchantment Resort, Sedona, Arizona
Exhibit Dates	March 7-9, 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:	
Exhibit Opportunities: table only- no showcase participation	
<input type="checkbox"/> Juniper House and Ocotillo (limited availability, based upon first confirmed scenario)	\$4,000
Exhibit + Device and Technology Showcase with Hands-on Simulation:	
<input type="checkbox"/> Agave (limited availability) overflow to Ocotillo Room as needed	\$5,000
<input type="checkbox"/> Village Boardroom (1 private suite, based upon first confirmed scenario)	\$12,000
<input type="checkbox"/> Manzanita Boardroom (1 private suite, based upon first confirmed scenario)	\$15,000
Sponsorship Opportunities	
<input type="checkbox"/> Lanyards (limited to one organization)	\$2,000
<input type="checkbox"/> Drawstring Bags (limited to one organization)	\$3,000
<input type="checkbox"/> Conference Bag Inserts (multiple opportunities available)	\$1,500
<input type="checkbox"/> Meal Events (multiple opportunities available – please choose which day you would like to sponsor – please remember this is a first confirmed opportunity)	
<input type="checkbox"/> Wednesday – Welcome Reception	\$20,000
<input type="checkbox"/> Thursday – to be applied to the morning breakfast	\$ 9,000
<input type="checkbox"/> Thursday – to be applied to the first break of the day	\$ 3,500
<input type="checkbox"/> Thursday – to be applied to the second break of the day	\$ 3,500
<input type="checkbox"/> Thursday – Device & Technology Showcase with Hands-On Simulation Lunch	\$ 9,000
<input type="checkbox"/> Friday – to be applied to the morning breakfast	\$ 9,000
<input type="checkbox"/> Friday – to be applied to the first break of the day	\$ 3,500
<input type="checkbox"/> Friday – to be applied to the second break of the day	\$ 3,500
<input type="checkbox"/> Friday – Device & Technology Showcase with Hands-On Simulation Lunch	\$ 9,000
<input type="checkbox"/> Saturday – to be applied to the morning breakfast	\$ 9,000
<input type="checkbox"/> Saturday – to be applied to the first break of the day	\$ 3,500
<input type="checkbox"/> Saturday – to be applied to the second break of the day	\$ 3,500
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 and sponsorship 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 and/or Sponsorship 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 companies must be approved by MCSCPD and this agreement is not binding until both parties have signed. MCSCPD maintains the right to refuse any company.

By signing below, I agree to the “Terms and Conditions” outlined on Page 1 of this Exhibitor and Sponsorship 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.

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card or Wire Transfer
Make payable to Mayo Clinic in Arizona and remit to: Mayo Clinic School of Continuous Professional Development Attn: Kristy Badder 13400 East Shea Blvd. Scottsdale, AZ 85259 Please identify course 19S06392 on the check.	For payment by credit card or wire transfer, please call the MCSCPD Registrar at 480-301-4580 <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 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

Lanyards - \$2,000.00 (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! Why ruin a perfectly good shirt with a pin hole from a name badge, when they could be wearing it on your company lanyard! Lanyards to be provided by sponsor; artwork is subject to MCSCPD approval. (Quantity to be determined 60 days before course)

Drawstring Bags - \$3,000.00 (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 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)

Conference Bag Inserts - \$1,500.00 each (multiple opportunities available)

Conference bag inserts are a great opportunity to invite attendees to your table, announce your table participation or conference-related event. Your company will provide copies of the flyer or advertisement (no larger than 8½ x 11, no more than one page) and MCSCPD will include them with the attendee conference materials. A limited number of bag inserts are permitted, so early reservation is encouraged. Artwork is subject to MCSCPD approval. (Quantity to be determined 60 days before course)

Meal Events - (multiple opportunities available)

Your breakfast/break/reception sponsorship includes:

- Company recognition to be included on onsite signage and during conference announcements.
- Food: Mayo Clinic will arrange food set up for you.
- Receive the list of attendees registered for the course (name, credentials, city and state only).
- Reception Opportunity: Attendees will be required to register in advance and a count will be provided to sponsoring company. This will be managed through the Mayo Clinic course registration system.

Device and Technology Showcase with Hands-on Simulation:

- This non-CME event gives your company the opportunity to bring in an expert educator (clinical educator or engineer as opposed to a sales representative) and to present directly to attendees and introduce them to your latest and greatest products, devices and pharmaceuticals. Ideally, a simulator with a camera will be utilized. This will only take place Thursday and Friday during the designated times on the program. You are permitted to exhibit during all exhibit hours, but use of the
- **Private Boardroom options:** provide the opportunity for a company to utilize an entire room to present and showcase their products in a separate, larger space. A company may require NDA's to be signed to enter upon their discretion.

**** Interested in one of our sponsorship opportunities?! Contact MCSCPD for further information at mca.cme@mayo.edu or 480-301-4580.**

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.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <u>Mayo Clinic Arizona</u></p> <p>2 Business name/disregarded entity name, if different from above _____</p> <p>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.</p> <p><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</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>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.</p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ <u>501 (c) (3) tax-exempt nonprofit corporation</u></p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) <u>1</u></p> <p>Exemption from FATCA reporting code (if any) <u>A</u></p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. <u>13400 East Shea Boulevard</u></p> <p>6 City, state, and ZIP code <u>Scottsdale, AZ 85259</u></p> <p>7 List account number(s) here (optional) _____</p>	<p>Requester's name and address (optional) _____</p>

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									
8	6	-	0	8	0	0	1	5	0

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶ <u>1-2-18</u>
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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.

MEETING VILLAGE

The Conference Services Department specializes in tailoring events to suit each group's unique expectations.

For more information on Enchantment Resort, call the group sales office at 480-264-3000.



12,000 square feet of indoor meeting space
32,000 square feet of outdoor function space

Room	Dimensions	Ceiling	Sq. Ft.	Plated	Buffet	Standing Reception	Theater	Class-room	U-Shape	Hollow Square	Crescent 1/2 Rounds	Conference
Anasazi Ballroom	55' x 85'	13' 5"	4880	320	248	450	540	210	80	90	180	
Anasazi (2 Sections)	55' X 55'	13' 5"	3025	176	144	300	360	140	60	70	120	
Anasazi I	55' x 30'	13' 5"	1800	80	64	150	180	70	40	44	72	
Anasazi II	55' x 28'	13' 5"	1540	80	64	150	180	70	40	44	60	
Anasazi III	55' x 28'	13' 5"	1540	80	64	150	180	70	40	44	60	
Anasazi Terrace	32' x 92'		1800	96	72	120	90					
Village Terrace	84' x 85'		7140	288	240	350						
Agave Ballroom	39' x 72'	15'	2808	168	120	250	288	120	60	70	126	
Agave (2 Sections)	39' x 48'	15'	1872	112	80	175	192	80	40	48	84	
Agave I	39' x 24'	15'	936	56	40	75	96	40	32	36	42	36
Agave II	39' x 24'	15'	936	56	40	75	96	40	32	36	42	36
Agave III	39' x 24'	15'	936	56	40	75	96	40	32	36	42	36
Agave Terrace			1125			50						
Agave Courtyard			1775	30	30	120						
Ocotillo Ballroom	37' x 48'	11'	1776	80	64	125	140	64	40	44	72	
Ocotillo I	37' x 24'	11'	888	40	32	55	70	32	28	30	36	36
Ocotillo II	37' x 24'	11'	888	40	32	55	70	32	28	30	36	36
Ocotillo Terrace	19' x 32'		608	30	20	30						
Juniper House	35' x 23'	10'	805	40	24	50	60	26	20	24	24	24
Manzanita Board Room (Permanent Setting)	36' x 28'	10'	1008	22	22							22
Village Board Room (Permanent Setting)	28' x 15'	9'	420	12	12							12
Enchantment Circle	125' x 152'		19000			300	400					
Boynton Canyon Picnic Grounds	60' x 82'		4920			80	120					

Seven Canyons Sedona

Clubhouse Full**					180	180						
Clubhouse Restaurant & Lounge**	26' x 65'	16'	1690	58								
Member Terrace**	13' x 182'		2392	100	100	150						
Courtyard*	50' x 85'		4250	120	120	150						
Pool Patio*	Various Size		5880	N/A	100	150						
Event Lawn*	40' x 60'		2400	150	120	180						
North Terrace*	25' x 25'		625	40	30	45						
Clubhouse Boardroom	13' x 20'	10'	260	8	8							

* Tent Back-Up Required ** Use of Existing Furniture is Required