



13400 East Shea Boulevard
Scottsdale, Arizona 85259
480-301-4580

Dear Potential Exhibitor:

I am writing on behalf of Mayo Clinic and Mayo Clinic School of Continuous Professional Development to request your consideration for exhibitor participation at the upcoming **14th Annual Women's Health Update 2018**, being held at The Scott Resort in Scottsdale, Arizona on March 1-3, 2018. We expect approximately 200 primary care physicians, general internists, gynecologists, and specialists in preventative care, and other health care professionals.

As you can see from the enclosed program, we have developed an outstanding course. This annual conference addresses the unique needs of female patients and their health care. Participants will gain a comprehensive insight into relevant medical problems uniquely found in women, as well as a basic approach to addressing and improving their common health concerns.

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 continuing medical education for physicians (AMA).

The exhibit fee is **\$2,500**. Space is limited; early registration is encouraged. To maintain a clear separation of promotion from education, all exhibits will be held in a different room/location than where the general sessions are held. Exhibits are open from registration until the conclusion of the final lecture on the last day. Exhibit fee will include a 6' skirted table for a table top display; attendee list including name, degree, city, state to be distributed at the course; and acknowledgement with signage and announcements during the course.

Dr. Anita Mayer and I are course co-directors, and we are hopeful you will be able to participate as an exhibitor. A signed agreement is required upon commitment and the payee is Mayo Clinic Arizona, 13400 East Shea Boulevard, Scottsdale, AZ 85259. Please send all payments to the attention of Kristy Badder and denote project number **18S05211** on your correspondence. The Mayo Clinic Tax ID number is 86-0800150. If you have any additional questions, you may email: exhibits@mayo.edu or call (480) 301-4580.

Our programs provide valuable information on unmet needs to the medical community. We sincerely appreciate your consideration of this opportunity to join us for a truly unique educational program.

Sincerely,

A handwritten signature in black ink, appearing to read "Marcia G. Ko".

Marcia G. Ko, M.D.

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

Activity Title	14 th Annual Women's Health Update
Activity Number	18S05211
Location	The Scott Resort, Scottsdale, Arizona
Exhibit Dates	March 1-3, 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	\$2,500
Sponsorship Opportunities	
<input type="checkbox"/> Lanyards (limited to one organizations)	\$2,000
<input type="checkbox"/> Drawstring Bags (limited to one organization)	\$3,000
<input type="checkbox"/> Conference Bag Inserts (multiple opportunities available)	\$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.

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card or Wire Transfer
Make payable to Mayo Clinic Arizona and remit to: Mayo Clinic School of Continuous Professional Development Attn: Kristy Badder 13400 East Shea Blvd. Scottsdale, AZ 85259 Please identify course 18S05211 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

<u>Opportunity</u>	<u>Cost</u>
Lanyards (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.)	\$2,000
Drawstring Bags (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.)	\$3,000
Conference Bag Inserts (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.)	\$1,500 each

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.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Mayo Clinic Arizona	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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 <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) 13400 East Shea Boulevard	Requester's name and address (optional)
	6 City, state, and ZIP code Scottsdale, AZ 85259	
	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 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:

- 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 on page 3.

Sign
Here

Signature of
U.S. person ▶

Matthew Tugsten

Date ▶

1/9/2017

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.