Greetings,

On behalf of Mayo School of Continuous Professional Development, we are pleased to announce Mayo Clinic’s upcoming CME Course, ***2nd Annual*** ***Inpatient Medicine for NPs & PAs: Hospital Medicine from Admission to Discharge.*** This course willbe held October 19-22, 2016, at the Sawgrass Marriott Golf Resort and Spa, Ponte Vedra Beach, Florida. In the letter below, you will find important information regarding exhibiting at the course.

**Program Overview**

Hospital care models are transforming, and nurse practitioners and physician assistants play vital roles in the care delivery of hospitalized patients. Inpatient Medicine for NPPAs: From Admission to Discharge fills your CME needs. This conference emphasizes clinical management of hospitalized patients in an interactive, case-based format with evidence-based lectures by experts in treatment pathways from admission to discharge. This conference is applicable to internists, hospitalists, nurse practitioners, physician assistants, physicians, advanced practice nurses, registered nurses and allied health from novice to experienced.

Additional information may be found at the course website at <https://ce.mayo.edu/internal-medicine/node/8014>. The fee to display at Inpatient Medicine for NPPAs is $2,000.

**Exhibit Opportunity**

We’ve attached Mayo’s required **Exhibitor Agreement**. In order to be listed as an exhibitor at this

course, this signed letter must be returned to us, along with your check, by October 10, 2016. Retain one signed copy for your files and return the other along with payment (made payable to Mayo Clinic, Federal ID #41-6011702) to Kathy Fuqua, Mayo School of Continuous Professional Development, Plummer Building 2-60, 200 1st Street SW, Rochester, MN 55905.

We look forward to your support. If you have any questions or if there are “company-specific” forms

that need to be completed, please contact Kathy Fuqua by telephone at 507-266-9815 or via email

at [Fuqua.kathy@mayo.edu](mailto:Fuqua.kathy@mayo.edu) .

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

Sincerely,

Vicki Meyer

CME Specialist

# Mayo School of Continuous Professional Development (MSCPD) Exhibitor Agreement

|  |  |
| --- | --- |
| Activity Title | 2nd Annual Inpatient Medicine for NPs & PAs |
| Activity Number | 2016R339 |
| Location | Sawgrass Marriott Resort & Spa |
| Dates | October 19-22, 2016 |

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of

Medicine – MSCPD 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 | | $2,000 |

*TERMS AND CONDITIONS*

* EXHIBITOR agrees to abide by ACCME Standards for Commercial Support as stated at [www.accme.org](http://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.), pharmaceuticalsor 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 mayacknowledge 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.

|  |  |
| --- | --- |
| Check | 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 **Inpatient Medicine NPs & PAs** on the check. | For payment by credit card or wire transfer, please call the MSCPD Registrar at 800-323-2688  *Do not send credit card information via email or fax.* |

**NOTE**: *Please list additional requests here*  *(power, internet access, etc).*