



4500 San Pablo Road
Jacksonville, Florida 32224
904-953-7050
Tax ID: 59-3337028

February 4, 2022

Dear Exhibitor,

On behalf of Course Directors W. David Freeman, M.D., Alejandro A. Rabinstein, M.D., and Eelco F. Wijdicks, M.D., Ph.D., we hope you will consider a display and/or virtual exhibit opportunity at our **8th Annual Neuro and Intensive Care: Review, Workshops and Controversies 2022** held May 5 - 7, 2022. The course is offered live with a livestream enrollment option and we expect around 175 medical providers who care for patients with neurological/neurosurgical emergencies, acute stroke and brain hemorrhage, acute brain injury, coma and disorders that require hospital, emergency department, and intensive care unit evaluation and management.

This 3-day course provides a mixture of didactic, case-based and evidence-based guideline review and workshops. Pharmacotherapy and ICU EEG workshops utilize audience participation in on-screen quizzes and share protocols regarding osmotherapy for raised intracranial pressure and antiepileptic drug therapy.

Display fees to exhibit at the live course or the virtual exhibit hall are \$2,000. Space at the live course is limited and table assignments will be made on a first-come, first-served basis depending on the date the signed exhibit letter of agreement (LOA) letter is received in our office.

Live Exhibit Benefits:

- Promotion available at the live three-day course
- Exhibitors are provided the same meals and beverages provided to registered attendees
- Attendees are encouraged daily by the course moderator to visit and connect with the exhibitors
- Includes a 6ft table, two chairs and linen at the course
- An attendee list including: registered attendee's name, degree, specialty, city, state, and demographics distributed post course
- Vendor recognition in online course syllabus
- An acknowledgement on the break slide announcements during the course
- Discounted hotel room rate; reservations must be made before the room block is filled or before the expiration date; whichever comes first

Virtual Exhibit Benefits:

- Promotion available from the time a company signs the LOA is made until the last day of the course on 5/7/22
- Listing in the online exhibitor directory linked to your company website and landing page (alphabetical listing)
- Exhibit booth customization, options include PowerPoint slide, PDF handout or video
- Post course report providing analytics on page traffic

- An attendee list including: registered attendee's name, degree, specialty, city, state, and demographics distributed post course
- Vendor recognition in the online course syllabus
- An acknowledgement on the break slide announcements during the course

Mayo Clinic, an integrated, not-for-profit group practice, is committed to meeting its responsibility as a national medical education resource. In support of improving patient care, Mayo Clinic College of Medicine and Science is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team. 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,

Karen Steele

Make payable to **Mayo Clinic** and remit to:

Mayo Clinic

Attn: Accounting Activity # 22J00999

4500 San Pablo Road

Stabile 790N- Education Jacksonville, FL 32224

Identify **8th Annual Neuro and Intensive Care: Review, Workshops and Controversies 2022** and activity #22J00999 on the check.

Sponsorship Opportunities

8th Annual Neuro and Intensive Care: Review, Workshops and Controversies 2022

Premier Sponsorship Opportunities	Silver \$5,000	Bronze \$4,000	Live Exhibit Only \$2,000	Virtual Exhibit Only \$2, 000	Live and Virtual Exhibit \$3,000
Acknowledgement on signage at a breakfast or refreshment break	x				
Complimentary full registration- No CME credit	2	1			
Conference Bag Inserts	x	x			
Virtual Exhibit Hall Exhibitor Booth	x	x	N/A	x	x
Exhibit Table	1- 6 ft. table	1- 6 ft. table	1- 6 ft. table	N/A	1- 6 ft. table
Verbal recognition at opening session	x	x	x	x	x
Support Signage prominently displayed on-site at the conference	x	x	x	x	x

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

Activity Title	8th Annual Neuro and Intensive Care: Review, Workshops and Controversies 2022
Activity Number	22J00999
Location	Ritz Carlton Orlando, FL
Dates	May 5 – 7, 2022

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			
Phone Number			
Email			
Please see Exhibitor Prospectus for Details			
Live Exhibit Only			\$2000
Virtual Exhibit Only			\$2000
Live and Virtual Combined			\$3000
Silver Sponsor			\$5000
Bronze Sponsor			\$4000
The named exhibitor wishes to exhibit at the above named activity for the amount of		\$	

NOTE: There may be additional charges depending on the meeting location (power, internet access, etc.)
List any additional requests, which 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:** 59-3337028

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<p>Make payable to Mayo Clinic and remit to: Mayo Clinic Attn: Accounting Activity #22J00999 4500 San Pablo Road Stabile 790N- Education Jacksonville, FL 32224</p> <p>Identify 8th Annual Neuro and Intensive Care: Review, Workshops and Controversies 2022 and #22J00999 on the check.</p>	<p>For payment by credit card, please call the MCSCPD at 800-323-2688 between 9am – 6pm ET. Reference activity #22J00999 when calling.</p> <p><i>Do not send credit card information via email.</i></p>

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"/> 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) <u>1</u> Exemption from FATCA reporting code (if any) <u>A</u> <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	Requester's name and address (optional)
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.

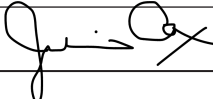
Social security number									
			-				-		
or									
Employer identification number									
5	9		-	3	3	3	7	0	2

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 ► 01/03/2022
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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.



Mayo Clinic School of Continuous Professional Development

8th Annual

NEURO & INTENSIVE CARE

Review, Workshops and
Controversies 2022
LIVE + LIVESTREAM

SAVE THE DATE!

THE RITZ-CARLTON
ORLANDO, FLORIDA
MAY 5-7, 2022



MAYO CLINIC

4500 SAN PABLO ROAD
JACKSONVILLE, FL 32224

NON-PROFIT ORG.
U.S. POSTAGE
PAID
MAYO CLINIC

NEURO & INTENSIVE CARE

Review, Workshops and Controversies 2022

This course is designed for medical providers who care for patients with neurological emergencies, acute stroke and brain hemorrhage, acute brain injury, coma, and disorders that require hospital, emergency department and intensive care unit (ICU) evaluation. It will provide a mixture of didactic, case-based and evidence-based guideline review, as well as hands-on workshops

These hands-on workshops include central line placement, intracranial ICP monitor and ventriculostomy placement, mechanical ventilation and multimodal monitoring workshops.

THE RITZ-CARLTON / ORLANDO, FLORIDA
MAY 5-7, 2022 LIVE + LIVESTREAM

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