

September 28, 2023

Dear Exhibitor,

On behalf of course directors, Philip Okafor, M.B.B.S, M.D., and William Palmer, M.D., we hope you will consider a display and/or sponsorship opportunity at **Mayo Clinic 1st Annual Gastroenterology for the Hospitalist Provider 2024** being held **February 24-25, 2024** at the **Renaissance Atlanta Airport Gateway Hotel** in Atlanta, Georgia. We expect around 100 hospitalist providers, nurse practitioners, physician assistants, and internists, who participate in the care of patients with common gastrointestinal diseases and situations encountered in the inpatient setting.

This day and a half symposium is designed to update participants on a range of the common GI diseases geared toward needing to consult gastroenterologists on patients with issues related to GI, such as GI bleeding, left ventricular assist device (LVAD) patients, pancreatitis, and acute diverticulitis. Through a combination of lectures, literature review, and case-based presentations, this symposium will deliver up-to-date and cutting-edge information that can be directly integrated into clinical practice. For attendees unable to join us in Atlanta at the live, in person course, this conference will provide an immersive and exciting digital livestream format, with the opportunity to virtually engage with experts.

Choose Your Sponsorship Level

Exhibit fees begin at \$2,500 for the full day and a half course. Additional advertisement opportunities are offered to expand reach and provide further interaction with attendees. Exhibit space at the live course is limited with table assignments made based on the date the signed exhibit letter of agreement (LOA) is received in our office.

Please review Sponsorship Opportunities and Additional Advertisement Opportunities on page 3 of this prospectus for full pricing and details.

Exhibit Benefits:

- Promotion available at the live day and half 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 for all registered attendees to access
- An acknowledgement on the break slide announcements during the course
- Exhibitors may sit in the general session to listen to talks of interest if space is available (all company logos must be removed and not visible when entering the education space)

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,

A handwritten signature in black ink, appearing to read 'Kelly Tanner', with a long horizontal stroke extending to the right.

Kelly Tanner
Education Administration Coordinator

Make checks payable to:

Mayo Clinic
Attn: Accounting Activity #24J02014
4500 San Pablo Road
Jacksonville, FL 32224

Tax ID: 59-3337028

Sponsorship Opportunities:

Premier Sponsorship Opportunities	Gold \$15,000	Silver \$6,500	Exhibit \$2,500
Non-CME Promotional Symposium <i>Audio/Visual arrangements are not included</i>	x		
Acknowledgement on signage at a breakfast or refreshment break	x	x	
Complimentary full registration- No CME credit	3	2	
Conference Bag Inserts	x	x	
Exhibit Table	2- 6 ft. tables	1- 6 ft. table	1- 6 ft. table
Verbal recognition at opening session	x	x	x
Attendee List	x	x	x

Additional Advertisement Opportunities:

Non-CME Promotional Symposia - \$12,000 (Limited availability)

These non-accredited programs, independently developed and directly sponsored by industry, are presented in an educational format that will provide insight on new or controversial developments. Promotional symposia may not conflict with Mayo Clinic Southeastern Clinical Update in Nephrology, Hypertension and Kidney Transplantation 2023. Audio/Visual arrangements are not included.

Conference Bags - \$3,000 (Exclusive)

Display your company logo for all Attendees to see and announce your presence at the conference. Your company will provide a high-resolution logo to be printed on conference bags ordered by managing committee. All bags will contain flyers and advertisements from other participants. (Artwork to be provided by sponsoring company and is subject to MCSCPD approval)

Lanyards - \$3,000 (Exclusive)

All attendee badges will be distributed with a lanyard to display the badge throughout the conference. The Lanyard will prominently display your company name and/or logo, whichever you choose. (Artwork to be provided by sponsoring company and is subject to MCSCPD approval)

Internet - \$3,000 (Exclusive)

Help attendees stay connected with their office and home while away at the Mayo Clinic Southeastern Clinical Update in Nephrology, Hypertension and Kidney Transplantation 2023. Sponsor the wireless internet access in the meeting space. The supporter will be recognized throughout the meeting in signage and electronic communications.

Conference Bag Inserts - \$1,000 (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 200 copies of the flyer or advertisement (no larger than 8 ½ x 11, no more than one page) and MCSCPD will stuff them into the official conference bags.

Mayo Clinic School of Continuous Professional Development (MCSCPD)

Exhibitor Agreement

Activity Title	1st Annual Mayo Clinic Gastroenterology for the Hospitalist Provider
Activity Number	24J02014
Location	Renaissance Gateway Atlanta Airport, Atlanta, GA
Dates	February 24- 25, 2024

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		
See Exhibitor Prospectus for Details of below listed opportunities		
Gold Sponsor		\$15,000
Silver Sponsor		\$6,500
Live Exhibit		\$2,500
Non-CME Promotional Symposia		\$12,000
Conference Bags (Exclusive)		\$3,000
Lanyards (Exclusive)		\$3,000
Internet (Exclusive)		\$3,000
Conference Bag Inserts (Multiple opportunities available)		\$1,000
The named exhibitor wishes to exhibit at the above-named activity for the TOTAL AMOUNT:		\$

NOTE: There may be additional charges depending on the meeting location (power, internet access, etc.)

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 Make payable to: Mayo Clinic 4500 San Pablo Road Jacksonville, FL 32224 Attn: Accounting Activity # 24J02014 Tax ID: 59-3337028	<input type="checkbox"/> Credit Card For payment by credit card, please call the MCSCPD at 800-462-9633. Reference activity # 24J02014 when calling. <i>Do not send credit card information via email.</i>
--	---

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.

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.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

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.

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

(Applies to accounts maintained outside the U.S.)

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)

Requester's name and address (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 ▶ *Katy Domaille* Date ▶ *01/02/2023*

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.