

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

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|------------------------|---|
| Activity Title | Multidisciplinary Update in Pulmonary & Critical Care Medicine 2024 |
| Activity Number | 5324S01140 |
| Location | Mountain Shadows Resort, Paradise Valley, Arizona |
| Exhibit Dates | May 2-5, 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 | |
| Telephone | |
| Fax | |
| Email | |
| <input type="checkbox"/> The named exhibitor wishes to exhibit live at the above named activity | \$2,700 |
| <u>Sponsorship Opportunities</u> | |
| <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 Insert | \$1,500 |
| <input type="checkbox"/> Hotel Key Cards (limited to one organization)) | \$7,500 |
| <input type="checkbox"/> Coffee Break Sponsorship (limited to four organizations) | \$2,500 (each) |
| <input type="checkbox"/> Breakfast*Symposium (Non-CME product theatre) <input type="checkbox"/> Friday, May 3 <input type="checkbox"/> Saturday, May 4 | \$17,000 (each) |
| <input type="checkbox"/> Lunch*Symposium (Non-CME product theatre) <input type="checkbox"/> Friday, May 3 <input type="checkbox"/> Saturday, May 4 | \$19,000 (each) |
| (*Mayo Clinic will provide food and beverage.) | |
| 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 accreditation requirements and ACCME Standards for Integrity and Independence in Accredited Continuing Education (“Standards”) as stated at www.accme.org/publications/standards-for-integrity-and-independence-accredited-continuing-education. The standards include, but are not limited to, the following requirements:
 - Accredited continuing education must protect learners from commercial bias and marketing.
 - Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
 - The accredited provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.

- **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 **Accredited 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 **Accredited Provider**. **Accredited 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, **Accredited 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 **Accredited Provider**.
- **Accredited Provider** agrees to provide exhibit space and may acknowledge **Exhibitor** in activity announcements. **Accredited 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 Integrity and Independence in Accredited Continuing Education).

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 86-0800150.

| | |
|--|--|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card or Wire Transfer |
| <p>Make payable to Mayo Clinic Arizona and remit to:</p> <p>Mayo Clinic- MCSCPD Attn: Kristy Badder 13400 East Shea Blvd. Scottsdale, AZ 85259</p> <p>Please identify course Pulm 2024 on the check.</p> | <p>For payment by credit card or wire transfer, please call the MCSCPD Registrar at 480-301-8385</p> <p><i>Do not send credit card information via email or fax.</i></p> |

Complete and return this form to exhibits@mayo.edu or mail as noted above.

T: 480-301-8385