Leadership and Professional Development for NPs & PA's 2024

Live & Livestream

Radisson Blu Aqua Hotel Chicago, IL

Thursday-Saturday, June 20-22, 2024



Dear Exhibitor,

On behalf of the Leadership and Professional Development for NPs & PA's 2024 course and the Mayo School of Continuous Professional Development, we are pleased to announce our upcoming course, to be held June 20-22, 2024, at the Radisson Blu Aqua Hotel in Chicago, Illinois.

The Mayo Clinic Leadership and Professional Development course is focused on strategies, healthcare business trends, literature, and testimonials on the transformational change of NP and PA utilization in leadership, education, research, innovation, and professional development. Topics will address learners of all career stages on insights and organizational models to cultivate a culture of career growth with applications to maximize recruitment and retention of talented professionals. Additional course details can be found on the course web site:

Course Website

This course is designed for Physician Assistants, Nurse Practitioners, Nurses, Physicians, and Allied Health Professionals.

Mayo Clinic recognizes these types of educational programs would not be possible without your support. We invite you to participate in this educational activity with an exhibit in the amount of \$1,500 - Exhibitor.

If you do not see what you're looking for, contact us and we will be happy to discuss additional advertisement opportunities

Industry exhibitors are provided a draped table with two chairs. In support of ACCME guidelines, exhibitors will be in a separate area from the educational activity. Exhibit space is limited and located near the food and beverage area for optimal contact during breaks.

If you are interested in exhibiting at our course, please complete and return the provided Agreement form and payment to secure your exhibit space, no later than *May 30, 2024*. Please make payment payable to Mayo Clinic and send payment to my attention at the address below. For your convenience, our Federal tax identification number is 41-6011702.

We look forward to the success of the Leadership and Professional Development for NPs & PA's 2024 course and hope you will be able to join us in Chicago, Illinois in 2024!

Sincerely,

Laura Wilson CME Specialist Wilson.laura@mayo.edu

Cathy Schilling
Education Administration Coordinator
Schilling.catherine@mayo.edu

Phone: 507-266-7484

Exhibitor Information Overview

The Mayo Clinic Leadership and Professional Development course is focused on strategies, healthcare business trends, literature, and testimonials on the transformational change of NP and PA utilization in leadership, education, research, innovation, and professional development. Topics will address learners of all career stages on insights and organizational models to cultivate a culture of career growth with applications to maximize recruitment and retention of talented professionals.

Audience

We expect 75+ attendees at this conference. This course is designed for Physician Assistants, Nurse Practitioners, Nurses, Physicians, and Allied Health Professionals.

Dates

Thursday-Saturday, June 20-22, 2024

Course Highlights

- Small group workshops focusing on Leadership and Professional Development topics
- Networking reception and opportunities to connect for attendees, exhibitors, and faculty
- Subject matter experts from multiple organizations

Website

Conference Website

Location

Radisson Blu Aqua Hotel 221 N Columbus Dr Chicago, IL 60601

Price

See above in the Exhibitor letter for pricing

Attendee List

Exhibitors will be provided an attendee list, via email, with the following attendee information:

- First/Last Name
- Credentials
- City, State

Set-Up

To be determined

Hours

To be determined



Instructions:

Complete this form to serve as an exhibit contract between Accredited Provider: Mayo Clinic College of Medicine and Science – MCSCPD and external organizations at Continuing Medical Education events.

Activity Information	
Title	Tracking ID
Activity Location (Venue, City, State)	Dates
Activity Contact(s) [CMES/EAC Name(s)]	<u> </u>
Support Location (select one) □ Arizona □ Florida □ Rochester	
Exhibitor Information	
Company Name (as it should appear on printed materials)	
Exhibitor Contact (if different than exhibit representative) (First, Last)	Exhibitor Contact Email
Name(s) of Representative(s) Exhibiting (maximum of two representative	s allowed per exhibit)
Address (Street, City, State, ZIP or Country Code)	Phone
Email Address(es) Representative(s) Exhibiting	Fax
Named exhibitor wishes to exhibit at the above-named activity for the amount of (USD): \$	
NOTE: Request for power, internet access, or other items not included in tat the discretion of Mayo Clinic School of Continuous Professional Develo	
Additional Requests	

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.

Exhibitor Agreement (continued)

- 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 in this Exhibitor Agreement (including ACCME Standards for Integrity and Independence in Accredited Continuing Education).

Signatures

Exhibitor Representative Signature	Exhibitor Representative Printed Name (First, Middle, Last)	Date (mm-dd-yyyy)
Mayo Clinic Representative Signature ▶	Mayo Clinic Representative Printed Name (First, Middle, Last)	Date (mm-dd-yyyy)

Payment Information

Complete and Return This Form Before (mm-dd-yyyy)

- Select payment type for the support location you selected on page 1.
- Make check payable to Mayo Clinic. Identify course name on the check.
- Do not send credit card information via email

• Do not send credit card information via email.			
☐ Arizona Federal Tax Identification 86-0800150	☐ Florida Federal Tax Identification 59-3337028	☐ Rochester Federal Tax Identification 41-6011702	
☐ Check	☐ Check	☐ Check	
☐ Credit Card or Wire Transfer	☐ Credit Card or Wire Transfer	☐ Credit Card or Wire Transfer	
For payment by credit card or wire transfer, call the MCSCPD office at 1-480-301-4580.	For payment by credit card or wire transfer, call the MCSCPD office at 1-800-462-9633.	For payment by credit card or wire transfer, call the MCSCPD office at 1-800-323-2688.	
Send payment to: Mayo Clinic – MCSCPD 13400 East Shea Blvd. Scottsdale, AZ 85259	Send payment to: Mayo Clinic – MCSCPD 4500 San Pablo Road Jacksonville, FL 32224	Send payment to: Mayo Clinic – MCSCPD 200 First St SW, Plummer 2-60 Rochester, MN 55905	

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