



Exhibitor & Sponsorship Prospectus

Innovations in Management of Pancreatic Conditions and
Therapies: The Mayo Clinic IMPACT Course

Rochester, MN

April 11, 2025

Welcome

On behalf of course director Vinay Chandrasekhara, M.D., and the Mayo Clinic School of Continuous Professional Development, we are pleased to announce this year's Innovations in Management of Pancreatic Conditions and Therapies: The Mayo Clinic IMPACT Course, April 11, 2025.

Course Description

This course focuses on the management of pancreatic diseases and includes didactic presentations from Mayo Clinic and other international experts on this topic. This one-day course provides easy access to pancreas experts to highlight recent innovations in the management of pancreatic conditions and the therapies that can be incorporated into clinical practice. In-person and livestream attendance options allow for interaction with the speakers and brings a practical perspective on how to optimize care for patients with pancreatic disorders. Topics discussed include the latest advances in the management of benign and malignant pancreatic disorders.

Target Audience

This course is designed for gastroenterologists, internal medicine physicians, nurses, nurse practitioners, physician assistants, and trainees (medical students, residents, fellows).

Mayo Clinic recognizes these types of educational programs would not be possible without your support. We invite you to participate at this educational activity with the sponsorship listed below.

Complete and return the provided Exhibitor/Sponsorship Agreement form by March 1, 2025. In support of ACCME guidelines, commercial support will be in a separate area from the educational activity. This event is open to multiple pharmaceutical companies.

We look forward to the success of our 2025 Innovations in Management of Pancreatic Conditions and Therapies: The Mayo Clinic IMPACT Course! If you have any questions, please feel free to contact us.

Sincerely,

Course Director:

Vinay Chandrasekhara, M.D.

Consultant, Gastroenterology and Hepatology

Associate Professor of Medicine, Mayo Clinic College of Medicine and Science

Key contacts:

Jessica Sorensen, Education Coordinator

Sorensen.Jessica@mayo.edu

Shannon Halvorson, Continuing Medical Education (CME) Specialist

Halvorson.Shannon@mayo.edu

Mayo Clinic School of Continuous Professional Development

200 First St SW, Plummer 2-60

Rochester, MN 55905

Website: ce.mayo.edu/impact2025

Phone: 800-323-2688

Tax ID: 41-6011702

EXHIBIT OPPORTUNITY

To secure your exhibit space, please complete the accompanying agreement before March 1, 2025.
(Limited Exhibits Available)

In-Person Exhibit Table - \$2,200

Technical and educational exhibits provide a professional and educational environment in which physicians can receive demonstrations, view products and services and discuss the clinical and surgical uses of these products and services, including how they may improve the quality of care and the management of the medical/surgical practice. Additionally, the exhibits enhance the educational content of the meeting helping to provide quality continuing medical education.

In-person exhibit tables are available on a first come, first-serve basis with limited in-person space availability.

Exhibitors will receive:

- Two complimentary course registrations
- An exhibit table for two representatives for the length of the course
- Acknowledgement on webpage, announcements, and at break times during the course
- Receive a list of course attendees

Additional benefits include:

- Interact face-to-face with numerous medical professionals
- Build visibility for your company in a competitive marketplace
- Expand your customer base and strengthen existing customer relationships
- Introduce new products and services
- Additional advertisement opportunities to expand reach and further socialize with attendees

Exhibit Hours:

- Set Up: April 11, 7:00 AM
- Hours of Program: April 11, 7:00 AM – 4:00 PM

Exhibit hours/program schedule subject to change.

SPONSORSHIP OPPORTUNITIES

To secure your sponsorship, please complete the accompanying agreement before March 1, 2025.

Video Advertisement - \$2,000

Promote your company with a pre-recorded promotional video advertisement displayed in the exhibit space for in-person learners and via Zoom for livestream learners. Advertisers must provide a MP4 file no longer than 45 seconds in length by April 1, 2025. Ad must be approved by Mayo Clinic in advance.

Morning (am) Break or Afternoon (pm) Break - \$3,500 (1 spot each)

Break Sponsors will receive:

- Signage with company name and/or logo
- An exhibit table for two representatives for the length of the course
- Two complimentary registrations
- Receive a list of course attendees

Breakfast Sponsor - \$5,000 – (Exclusive)

Breakfast Sponsors will receive:

- Signage with company name and/or logo
- An exhibit table for two representatives for the length of the course
- Two complimentary registrations
- Receive a list of course attendees

30-minute Product Theatre – \$10,000 (Exclusive)

Product Theatre Sponsor will receive:

- Provide a live 30-minute non-CME presentation to attendees before or after the course
- An exhibit table for two representatives for the length of the course
- Four complimentary registrations
- Receive a list of course attendees

Product Theater Guidelines:

- Attendees must be notified that these events are optional, not for CME credit, and are being provided in support of the Mayo Clinic Course on behalf of the Commercial Interest.
- Mayo Clinic staff, faculty, course directors may not serve as moderators, facilitators, speakers or participate in any other capacity than attending a product theater.
- Sponsor is responsible for providing speaker(s), program invitations and advertisements for the product theater.
- Sponsor is logistically and financially responsible for any/all meeting space/room reservations and audiovisual needs for the product theater.
- Product theater may be promoted at the sponsoring company's exhibit table.

Food and Beverage Guidelines:

Option 1:

- MCSCPD organizes and pays for food for product theater attendees if event is held in a venue requiring a Food and Beverage minimum.
- CME Specialist will provide Commercial Interest (or Course Directors, if preferred) with menu options and will coordinate with venue.

Option 2:

- All food and beverage arrangements must be made by Commercial Interest.

Host a Private Evening Reception – \$15,000 (Exclusive)

Private Reception Sponsor will receive:

- Plan and Host an Evening Reception
- An exhibit table for two representatives for the length of the course
- Four complimentary registrations
- Receive a list of course attendees

Make check payable to:

Mayo Clinic – MCSCPD

200 First St SW, Plummer 2-60

Attn: Jessica Sorensen

Rochester, MN 55905

Reference: [IMPACT 2025 – 5325R01130](#)

Mayo Clinic Tax ID: 41-6011702

Credit card payments:

To pay by credit card, please call 800-323-2688

Reference: [IMPACT 2025 – 5325R01130](#)



Exhibitor Agreement

Mayo Clinic School of Continuous Professional Development (MCSCPD)

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
Innovations in Management of Pancreatic Conditions and Therapies	5325R01130
Activity Location (Venue, City, State)	Dates
Mayo Clinic, Rochester, MN	April 11, 2025
Activity Contact(s) [CMES/EAC Name(s)]	
Shannon Halvorson, Jessica Sorensen	
Support Location (select one)	
<input type="checkbox"/> Arizona <input type="checkbox"/> Florida <input checked="" type="checkbox"/> Rochester <input type="checkbox"/> Other:	

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 representatives 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): \$ 2,200	

NOTE: Request for power, internet access, or other items not included in the agreement may incur additional fees. Approval of custom requests is at the discretion of Mayo Clinic School of Continuous Professional Development.

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 noneducational 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 <i>(First, Middle, Last)</i>	Date <i>(mm-dd-yyyy)</i>
Mayo Clinic Representative Signature ▶	Mayo Clinic Representative Printed Name <i>(First, Middle, Last)</i>	Date <i>(mm-dd-yyyy)</i>

Payment Information

Complete and Return This Form Before <i>(mm-dd-yyyy)</i> 03-01-2025
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- 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.

<input type="checkbox"/> Arizona Federal Tax Identification 86-0800150 <input type="checkbox"/> Check <input type="checkbox"/> Credit Card or Wire Transfer For payment by credit card or wire transfer, call the MCSCPD office at 1-480-301-4580. Send payment to: Mayo Clinic – MCSCPD 13400 East Shea Blvd. Scottsdale, AZ 85259	<input type="checkbox"/> Florida Federal Tax Identification 59-3337028 <input type="checkbox"/> Check <input type="checkbox"/> Credit Card or Wire Transfer For payment by credit card or wire transfer, call the MCSCPD office at 1-800-462-9633. Send payment to: Mayo Clinic – MCSCPD 4500 San Pablo Road Jacksonville, FL 32224
<input checked="" type="checkbox"/> Rochester Federal Tax Identification 41-6011702 <input type="checkbox"/> Check <input type="checkbox"/> Credit Card or Wire Transfer For payment by credit card or wire transfer, call the MCSCPD office at 1-800-323-2688. Send payment to: Mayo Clinic – MCSCPD 200 First St SW, Plummer 2-60 Rochester, MN 55905	<input type="checkbox"/> Other _____ Federal Tax Identification _____ <input type="checkbox"/> Check <input type="checkbox"/> Credit Card or Wire Transfer For payment by credit card or wire transfer, call: Send payment to:

EVENT SPONSORSHIP AGREEMENT

This Event Sponsorship Agreement is made effective as of _____, (**Effective Date**), by and between _____, a _____ corporation with offices located at _____ (**Company**) and Mayo Clinic, on behalf of the Mayo Clinic College of Medicine and Science, a Minnesota non-profit corporation with a principal place of business of 200 First Street SW, Rochester, Minnesota 55905 (**Mayo**).

WHEREAS, Mayo is a provider of continuing medical education recognized by the Joint Accreditation and is providing a CME activity, “Innovations in Management of Pancreatic Conditions and Therapies: The Mayo Clinic IMPACT Course, April 11, 2025” which shall be provided in a hybrid format with in-person at Leighton Auditorium- Siebens Medical Education Building in Rochester, MN. and virtual options (**Event**).

WHEREAS, Company desires to serve as a sponsor of the Event.

NOW, THEREFORE, in in consideration of the mutual covenants and promises contained in this Agreement and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. **Company Sponsorship**. Company shall serve as a sponsor of the Event and Mayo shall provide Company with the sponsorship benefits on Exhibit A.
2. **Sponsorship Fee**. Company will pay Mayo the sum of \$ _____ USD (**Sponsorship Fee**) for the sponsorship of the Event. Company will pay Mayo the Sponsorship Fee on or before March 5, 2025. Payment shall be made payable to Mayo Clinic – Mayo Clinic School of Continuous Professional Development (Federal Tax ID Number is 41-6011702). Payment may be remitted to Mayo by check, credit card or wire transfer as follows:

- For payment by credit card or wire transfer, please call the MCSCPD Registrar at 800-323-2688. Do not send credit card information via email or fax.
- For payment by check, Company shall identify “IMPACT 2025 – 5325R01130” on the check stub and send payment to:

Mayo Clinic
Mayo Clinic School of Continuous Professional Development
200 First St SW
Rochester, MN 55905

3. **Term and Termination**. This Agreement shall commence on the Effective Date and automatically terminate on April 11, 2025. This Agreement may be terminated (i) by either party at any time and for any reason upon 30 days written notification to the other party; or (ii) by Mayo, immediately, if in Mayo’s reasonable discretion, Mayo’s continued association with Company may, in any material respect, harm the reputation of Mayo or any of its affiliates, or harm the practice of medicine at Mayo or its affiliates.

4. **Cancellation Fees**. In the event this Agreement is terminated by either party 45 days or more in advance of the Event, Mayo agrees to refund to Company the Sponsorship Fee less a \$300 processing fee for which Company has not received full performance from Mayo (**Payment**

Refund”). Further, if this Agreement is terminated by Company less than 45 days in advance of the Event, the total amount due under this Agreement shall be immediately due and payment to Mayo and no refunds shall be issued to Company. Mayo shall provide Company with the Payment Refund within 30 days from the date of early termination of this Agreement.

5. Use of Name. Company shall not use the names or trademarks of Mayo or any of Mayo's affiliated entities in any news release, advertising, publicity, endorsement, promotion, or commercial communication unless Mayo has provided prior written consent for the particular use contemplated. All requests for approval pursuant to this Section must be submitted to the Mayo Clinic Business Relations Group, at the following E-mail address: BusinessRelations@mayo.edu at least 7 business days prior to the date on which a response is needed. The terms of this Section survive the termination, expiration, non-renewal, or rescission of this Agreement.

6. Accreditation Standards. Company 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. Organization cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.”

7. Independent Contractor. It is mutually understood and agreed that the relationship between the parties is that of independent contractors. Neither party is the agent, employee, or servant of the other. Except as specifically set forth herein, neither party shall have nor exercise any control or direction over the methods by which the other party performs work or obligations under this Agreement. Further, nothing in this Agreement is intended to create any partnership, joint venture, lease, or equity relationship, expressly or by implication, between the parties.

8. Indemnification. Company shall defend, indemnify, and hold harmless Mayo and its directors, officers, employees, contractors and agents from and against any liabilities, losses, investigations, inquiries, claims, suits, damages, costs, expenses, and reasonable attorneys’ fees Mayo may incur or suffer by reason of or arising out of any third party claim attributable to Company’s failure to perform in accordance with, or breach of, this Agreement or the negligence or intentional acts or omissions of Company. Mayo shall have no obligation to indemnify Company hereunder. The indemnification provisions contained in this Section shall survive the termination of this Agreement.

9. Limitation of Liability. MAYO WILL NOT BE LIABLE TO COMPANY FOR ANY INDIRECT, SPECIAL, CONSEQUENTIAL, PUNITIVE, EXEMPLARY, INCIDENTAL DAMAGES, INCLUDING ANY LOST PROFITS OR LOSS OF BUSINESS ARISING OUT OF OR RELATED TO THIS AGREEMENT OR ITS SUBJECT MATTER, HOWEVER CAUSED AND ON ANY THEORY OF LIABILITY (INCLUDING NEGLIGENCE), EVEN IF SUCH PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES OR LOSS.

Refund”). Further, if this Agreement is terminated by Company less than 45 days in advance of the Event, the total amount due under this Agreement shall be immediately due and payment to Mayo and no refunds shall be issued to Company. Mayo shall provide Company with the Payment Refund within 30 days from the date of early termination of this Agreement.

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8. Indemnification. Company shall defend, indemnify, and hold harmless Mayo and its directors, officers, employees, contractors and agents from and against any liabilities, losses, investigations, inquiries, claims, suits, damages, costs, expenses, and reasonable attorneys' fees Mayo may incur or suffer by reason of or arising out of any third party claim attributable to Company's failure to perform in accordance with, or breach of, this Agreement or the negligence or intentional acts or omissions of Company. Mayo shall have no obligation to indemnify Company hereunder. The indemnification provisions contained in this Section shall survive the termination of this Agreement.

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10. Insurance. Each party will, at its own expense, maintain in effect throughout the term of this Agreement appropriate general liability insurance or a program of self-insurance to cover any liability of such party and its employees arising out of performance of this Agreement.

11. Governing Law and Venue. This Agreement and the rights and obligations of the parties hereunder shall be governed by the laws of the State of Minnesota, except that no Minnesota conflicts of law or choice of law provision shall apply to this Agreement. The exclusive fora for actions between the parties in connection with this Agreement are the State District Court sitting in Olmsted County, Minnesota, or the United States Court for the District of Minnesota. Each party agrees unconditionally that it is personally subject to the jurisdiction of such courts. This Agreement is made and performed in the State of Minnesota.

12. Assignment. This Agreement may not be assigned by either party without the prior written consent of the other party; provided that Mayo may assign this Agreement without the prior written consent of the other party to any Mayo affiliate or other entity that controls, is controlled by or is under common control with Mayo. Any purported assignment in violation of this clause is void. Such written consent, if given, shall not in any manner relieve the assignor from liability for the performance of this Agreement by its assignee.

13. Force Majeure. Neither party shall be liable or be deemed in default of this Agreement for any delay or failure to perform caused by acts of God, war, disasters, strikes, pandemic or any similar cause beyond the control of either party.

14. Notices. For purposes of this Agreement, the following individuals shall serve as points of contact for both Company and Mayo and any and all notices, demands, requests or other communications shall be in writing and shall be deemed to have been duly give on the date of service, if personally served; on the business day after notice is delivered to a courier or mailed by express mail, if sent by courier delivery service or express mail for next day delivery; and on the third day after mailing, if mailed to the party to whom notice is to be given by first class mail, certified with return receipt requested, and addressed as follows:

Sponsor: _____
Attn: _____

Mayo Clinic
Attn: Manager Operations, Education
200 First Street S.W.
Rochester, MN 55905
Email: mmarolt@mayo.edu

With a copy to:
Mayo Clinic
Attn: General Counsel
200 First Street SW
Rochester, MN 55905

15. Additional Terms. This Agreement sets forth the entire understanding of the parties with respect to its subject matter, supersedes all prior negotiations and agreements between the parties concerning the subject matter and may be modified or amended only by a written instrument signed

by each party. No representations have been made or relied on by either party, other than those expressly provided for. No agent, employee or other representative of either party is empowered to alter any of its terms, unless done in writing and signed by an authorized officer or agent of the appropriate party. A waiver by either party of any of the terms or conditions of this Agreement in any instance will not be deemed or construed to be a waiver of such term or condition for the future, or of any subsequent breach thereof. This Agreement may be executed in any number of counterparts which, when taken together, will constitute one original, and photocopy, facsimile, electronic or other copies shall have the same effect for all purposes as an ink-signed original.

IN WITNESS WHEREOF, the parties have executed this Agreement on the dates set forth below

[COMPANY]_____

MAYO CLINIC

By: _____

By: _____

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

EXHIBIT A

Sponsorship Benefits

Host a Private Evening Reception – \$15,000 (Exclusive)

Private Reception Sponsor will receive:

- Plan and Host an Evening Reception
- An exhibit table for two representatives for the length of the conference
- Four complimentary registrations
- Receive a list of conference attendees

Company's approved name (as it should appear on the materials and referenced in announcements):

30-minute Product Theatre – \$10,000 (Exclusive)

Product Theatre Sponsor will receive:

- 30-minute Product Theatre
- An exhibit table for two representatives for the length of the conference
- Four complimentary registrations
- Receive a list of conference attendees

Company's approved name (as it should appear on the materials and referenced in announcements):

Breakfast Sponsor - \$5,000 – Exclusive (Exclusive)

Breakfast Sponsors will receive:

- Signage with company name and/or logo
- An exhibit table for two representatives for the length of the conference
- Two complimentary registrations
- Receive a list of conference attendees

Company's approved name (as it should appear on the materials and referenced in announcements):

Morning (am) Break or Afternoon (pm) Break Sponsor - \$3,500 (1 spot each)

Break Sponsors will receive:

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Company's approved name (as it should appear on the materials and referenced in announcements):

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Promote your company with a pre-recorded promotional video advertisement displayed in the exhibit space for in-person learners and via Zoom for livestream learners. Advertisers must provide a MP4 file no longer than 45 seconds in length by April 1, 2025. Ad must be approved by Mayo Clinic in advance.

Company's approved name (as it should appear on the materials and referenced in announcements):
