

37th Annual Selected Topics in Internal Medicine 2025

**Fairmont Orchid
Kamuela, HI 96743**



January 27 - 31, 2025

On behalf of course directors, John B. Bundrick, M.D. and Christopher (Chris) R. Stephenson, M.D., and the Mayo Clinic School of Continuous Professional Development, we are pleased to announce our [37th Annual Selected Topics in Internal Medicine](#) CME course which will be held January 27 – 31, 2025 at the Fairmont Orchid, Kamuela, Hawaii.

Mayo Clinic's Selected Topics in Internal Medicine (STIM) is a postgraduate course designed to update general internists, internist-subspecialists, family medicine specialists, and other primary healthcare professionals on selected internal medicine topics. Some of the most common problems encountered in clinical practice are represented. Course focus is clinical pearls and practice updates. Presentations are made by experts from various disciplines in internal medicine and faculty members are available during breaks to answer questions and to discuss cases with course participants.

Course details, as well as the program schedule, will be available on the course website: [Selected Topics in Internal Medicine](#)

This course is designed for general internists, internal medicine subspecialists, family medicine physicians, and other primary healthcare professionals. In past years, this course has exceeded 800 attendees. We hope for another successful year in 2025.

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 **\$5,000**.

Industry exhibitors are provided a draped table with two chairs. In support of ACCME guidelines, exhibitors will be located 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 Exhibitor Agreement form and payment **before January 2, 2025**. 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 37th Annual Selected Topics in Internal Medicine course and hope you will be able to join us in Hawaii in January. If you have any questions, please feel free to contact us.

To exhibit at this course:

- Complete and return the provided Exhibitor Agreement form. This agreement may be substituted with your company's standard Letter of Agreement form.
- Submit payment before January 2. 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*.

Cathy Schilling
Education Administration Coordinator
Schilling.catherine@mayo.edu
Phone: 507-266-7484

Exhibitor Information

Overview

Mayo Clinic's Selected Topics in Internal Medicine (STIM) is a postgraduate course designed to update general internists, internist-subspecialists, family medicine specialists, and other primary healthcare professionals on selected internal medicine topics. Some of the most common problems encountered in clinical practice are represented. Course focus is clinical pearls and practice updates. Presentations are made by experts from various disciplines in internal medicine and faculty members are available during breaks to answer questions and to discuss cases with course participants.

Audience

We expect 600+ in-person and livestream attendees at the Selected Topics in Internal Medicine Course. This course was designed for general internists, internal medicine subspecialists, family medicine physicians, and other primary healthcare professionals.

Dates

January 27-31, 2025

Website

<https://ce.mayo.edu/stim2025>

Location

Fairmont Orchid
1 North Kaniku Drive
Kamuela, HI 96743

Price

\$5,000

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



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
Activity Location (Venue, City, State)	Dates
Activity Contact(s) [CMES/EAC Name(s)]	
Support Location (select one) <input type="checkbox"/> Arizona <input type="checkbox"/> Florida <input 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) <i>(First, Last)</i>	Exhibitor Contact Email
Name(s) of Representative(s) Exhibiting (maximum of two representatives allowed per exhibit)	
Address <i>(Street, City, State, ZIP or Country Code)</i>	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 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>
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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 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: