



October 25, 2024

Dear Exhibitor,

On behalf of Course Directors, Jeremy Cutsforth-Gregory, M.D., Kamal Shouman, M.D. and David Sletten, M.B.A., we are pleased to announce our ***Clinical Autonomic Disorders: Case-Based and Laboratory Workshop being*** held on May 30-31, 2025, in Rochester, Minnesota.

Mayo Clinic's ***Clinical Autonomic Disorders: Case-Based and Laboratory Workshop*** focuses primarily on the three autonomic function tests that have CPT codes. Course lectures focus on underlying physiology, patient preparation, indications for autonomic testing, factors that affect the results of these autonomic tests, and HCFA requirements. The heart of the course demonstrates specific autonomic function tests; including quantitative sudomotor axon reflect tests (QSART), tests of cardiovagal function (heart rate response to deep breathing and to the Valsalva maneuver), and tests of the adrenergic function. Hands-on demonstrations are incorporated.

Content on the interpretation of common and uncommon examples of tests is highlighted, including lectures on several dysautonomias (POTS, syncope, autoimmune neuropathy; and pain) on which new information is available, or disorders where the autonomic laboratory is responsible for evaluating.

Course details, as well as the program schedule, are available on the course website: ce.mayo.edu/CAD2025

This course is designed for individuals interested in the performance of non-invasive clinical autonomic tests, who are primarily neurologists, autonomic laboratory personnel, autonomic clinicians, and clinical neurophysiologists.

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 for **Saturday, May 31st only** at a reduced fee of \$250.

Exhibit Benefits:

- Promotion available at the course
- Exhibitors are invited to partake in meals and beverages
- Attendees are encouraged 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 pre course
- An acknowledgement on the break slide announcements during the course

If you are interested in exhibiting at our course, please complete the electronic Exhibitor Agreement form found at ce.mayo.edu/CAD2025 and make payment before **May 15, 2025**. Please make payment payable to Mayo Clinic and send payment to my attention at the address below. There is also a credit payment option online. For your convenience, the Mayo Clinic federal tax identification number is 41-6011702.

We look forward to the success of our ***Clinical Autonomic Disorders: Case-Based and Laboratory Workshop*** and hope you will be able to join us in Rochester in May 2025. If you have any questions, please feel free to contact us.

Sincerely,

Heather Schultz
Education Administration Coordinator ○ Mayo Clinic School of Continuous Professional Development
Schultz.Heather5@mayo.edu
Phone: 507-293-0744

Make checks payable to:

Mayo Clinic
MCSCPD

Attn: Heather Schultz 25R02282
200 First Street SW
Plummer 2-60
Rochester, MN 55905
800-323-2688
Tax ID: 41-6011702



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

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine and Science – MCSCPD

Activity Title	Clinical Autonomic Disorders: Case-Based and Laboratory Workshop
Activity Number	23R01499
Location	Rochester, MN
Dates	May 19 – 20, 2023

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	
The named exhibitor wishes to exhibit at the above named activity for the amount of	\$

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 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 is **41-6011702**.

Please remit check payable to: Mayo Clinic- Mayo Clinic School of CPD. Please identify name of course on the check stub.

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card or Wire Transfer
<p>Make payable to: Mayo Clinic Mayo Clinic School of Continuous Professional Development 200 First St SW, Plummer 2-60 Rochester, MN 55905</p> <p>Please identify 23R01499 on the check.</p>	<p>For payment by credit card or wire transfer, please call the MCSCPD Registrar at 800-323-2688</p> <p><i>Do not send credit card information via email or fax.</i></p>

Complete and return this form along with your payment made to Mayo Clinic, Federal Tax ID# 41-6011702 before **May 5, 2023** to:

Jenny Ollila
200 First St SW, Plummer 2-60
Rochester, MN 55905
507-539-5910
Ollila.Jenny@mayo.edu