



4500 San Pablo Road
Jacksonville, Florida
32224
904-953-8058 Tax ID:
59-3337028

August 26, 2024

Dear Valued Exhibitor,

On behalf of Course Directors: Denise Millstine, MD and Michael Mueller, MD, we hope you will consider a display opportunity at the **Mayo Clinic Practical Integrative Medicine: Renew, Rejuvenate, Inspire & Connect 2025 held February 13-15, 2025**, at the **Omni Amelia Island in Amelia Island, Florida**. We expect around 100 Physicians, NPPAs, Nurses, Residents/Fellows, and Allied Health Staff in the fields of Integrative Medicine, Internal Medicine, Pain Medicine, Sports Medicine, and Hematology/Oncology. This three-day course is geared towards expanding the learner's knowledge of the evidence behind various Integrative Medicine modalities and their implementation in clinical practice. Learners will hear the latest evidence on diverse content from leaders in Integrative Medicine and have the ability to network with fellow clinicians that share the passion for the field and whole-person care. For attendees unable to join us in Amelia Island at the live, in person course, this conference will provide an immersive and exciting digital livestream format, with the opportunity to virtually engage with experts.

Choose Your Sponsorship Level

Exhibit fee is \$3,000 for the three-day course. Please review Sponsorship Opportunities and Additional Advertisement Opportunities on page 3 of this prospectus for full pricing and details.

Additional advertisement opportunities are offered to expand reach and provide further interaction with attendees. Exhibit space at the live course is limited based on the date the signed exhibit letter of agreement (LOA) is received in our office.

Live Exhibit Benefits:

- Promotion available at the live three-day course
- Exhibitors are provided the same meals and beverages provided to registered attendees
- Attendees are encouraged daily by the course moderator to visit and connect with the exhibitors
- Includes a 6 ft table, chair and linen at the course
- An attendee list including registered attendee's name, degree, specialty, city, state, and demographics distributed post course
- Vendor recognition in online course syllabus for all registered attendees to access
- An acknowledgement on the break slide announcements during the course
- Exhibitors may sit in the general session to listen to talks of interest if space is available (all company logos must be removed and not visible when entering the education space)

Mayo Clinic, an integrated, not-for-profit group practice, is committed to meeting its responsibility as a national medical education resource. In support of improving patient care, Mayo Clinic College of Medicine and Science is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team. Our programs provide valuable information on unmet needs to the medical community. We sincerely appreciate your consideration and hope you will take the opportunity to join us for a truly unique educational program.

Sincerely,

Ashley Cotto

Education Administration Coordinator

Make checks payable to:

Mayo Clinic Florida
4500 San Pablo Road
Jacksonville, FL 32224
Attn: Accounting Activity #25J01895 Tax ID:
59-3337028

Sponsorship Opportunities

Premier Sponsorship Opportunities	Gold \$15,000 (Exclusive)	Silver \$7,500 (2 Available)	Bronze \$5,000 (4 Available)	Live Exhibit \$3,000
Welcome Reception Sponsor (Thursday Night)	x			
Tickets to Welcome Reception (Thursday Night)	3	2	2	1
Acknowledgment on signage at a meals and breaks	x	x	x	
Conference Bag Inserts	x	x	x	
Exhibit Table	2 - 6 ft. tables (premium location)	1 - 6 ft. table (premium location)	1 - 6 ft. table	1 - 6 ft. table
Verbal recognition at opening session	x	x	x	x
Attendee List	x	x	x	x

Additional Advertisement Opportunities:

Lanyards - \$2,500 (Exclusive)

All attendee badges will be distributed with a lanyard to display the badge throughout the conference. The Lanyard will prominently display your company name and/or logo, whichever you choose. (Artwork to be provided by sponsoring company and is subject to MCSCPD approval)

Conference Bags - \$2,500 - (Exclusive)

Display your company logo for all attendees to see and announce your presence at the conference. Your company will provide a high-resolution logo to be printed on conference bags ordered by managing committee. All bags will contain flyers and advertisements from other participants. (Artwork to be provided by sponsoring company and is subject to MCSCPD approval)

Internet - \$2,500 (Exclusive)

Help attendees stay connected with their office and home while away at the Mayo Clinic Practical Integrative Medicine: Renew, Rejuvenate, Inspire, and Connect 2025. Sponsor the wireless internet access in the meeting space. The supporter will be recognized throughout the meeting in signage and electronic communications.

Non-CME Promotional Product Symposium (2 available)- \$10,000

These non-accredited programs, independently developed and directly sponsored by industry, are presented in an educational format that will provide insight on new or controversial developments. Promotional symposia information may not conflict with the information provided at the conference. There are multiple dates and times available. (Includes audio/visual equipment - No CME credit offered and topic must be approved by course directors)

Conference Bag Inserts - \$1,000

Conference bag inserts are a great opportunity to invite attendees to your booth, announce your booth participation or conference-related event. Your company will provide 350 copies of the flyer or advertisement (no larger than 8 ½ x 11, no more than one page) and MCSCPD will place them into the official conference bags

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
Mayo Clinic Jacksonville

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor C corporation S corporation Partnership Trust/estate

LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

Other (see instructions) **501 (c) (3) Tax-exempt Nonprofit Corporation**

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) **1**
Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) **A**
(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.
4500 San Pablo Road

6 City, state, and ZIP code
Jacksonville, FL 32224

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
5	9	-	3	3	3	7	0	2	8

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>Katy Domaille</i>	Date <i>04/25/2024</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they