

31st Nicotine Dependence Center Conference 2025: The Evolving Tobacco/Nicotine Landscape and Implications for Policy and Practice



March 27 – 29, 2025

Phoenix, AZ





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Greetings!

On behalf of the Mayo Clinic Nicotine Dependence Center, the Truth Initiative, and the Mayo Clinic School of Continuous Professional Development, we are pleased to announce the <u>31st Nicotine Dependence Center Conference 2025</u>: The Evolving Tobacco/Nicotine Landscape and Implications for Policy and Practice course! Please join us March 27-29, 2025, in Phoenix, AZ at the Mayo Clinic Franke Education Center, Waugh Auditorium.

Building on 30 years of continuing education courses, the Mayo Clinic Nicotine Dependence Center is partnering with Truth Initiative to host the 2025 national conference highlighting the intersection between tobacco control policy and practice. Amidst an evolving tobacco product landscape and scientific evidence, the course will educate attendees about the latest science, treatment best practices, and policy considerations. Attendees will explore a range of challenges and opportunities to delivering tobacco dependence treatment to reduce prevalence and improve the nation's health. This conference is designed for physicians, tobacco treatment specialists, nurse practitioners, physician assistants, dentists, pharmacists, psychologists, chemical dependency counselors, respiratory therapists, nurses, dental hygienists, wellness coaches, social workers, researchers, policy makers, and other allied health professionals may find the conference beneficial in working with and researching this challenging population of patients. We anticipate 100+ learners in attendance.

We invite your company to join us along with the renowned faculty and support this conference. Based on the level of support you are interested in providing, we can offer various levels of recognition. Companies that support this Mayo Clinic conference are acknowledged several ways, including the opportunity for an onsite exhibit, signage at the conference, and featured in conference announcements. Ample opportunities are provided during the conference for sponsors and exhibitors to network with attendees and to showcase their products and services. 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 a sponsorship or as an exhibitor. Details are listed below. 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.

To receive a guaranteed space for exhibiting and/or course sponsorship, please complete our letter of agreement by Monday, February 17, 2025. For your convenience, Mayo Clinic's Tax ID is 41-6011702.

If you have any questions, please feel free to contact us.

Sincerely,

Mallory Hedquist <u>Hedquist.mallory@mayo.edu</u> CME Specialist

Dates, Location, Key Contacts, and Travel Information

Dates

Thursday, March 27, 2025 – Friday, March 28, 2025

Optional Additional Session – Saturday, March 29, 2025

Course Website

CE.MAYO.EDU/NICOTINE25

Location

Mayo Clinic Franke Education Center Waugh Auditorium

5777 E. Mayo Blvd Phoenix, AZ 85054

Planning Committee

- Jon O. Ebbert, M.D., C.T.T.S.
- Amanda L. Graham, Ph.D. Truth Initiative
- Sarah E. Huiskes, M.A., L.I.C.S.W., C.T.T.S.
- Pam R. Krenik
- Charlene M. Martin Lillie
- Timothy J. Milbrandt, M.S., C.T.T.S.
- Allison R. Ryan
- Ann M. Thompson, APRN, C.N.P., M.S.N.

Key Contact

Mayo Clinic School of Continuous Professional Development (MCSCPD) Customer Service 200 First St SW, Plummer 2-60 Rochester, MN 55905

Benefits of Exhibiting and Sponsoring

Technical and educational exhibits provide a professional and educational environment in which healthcare providers 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 of patients. Additionally, the exhibits enhance the educational content of the meeting helping to provide quality continuing medical education.

Benefits:

- Interact face-to-face with influential decision makers and numerous medical professionals in the field
- 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

Sponsorship Opportunities

GOLD	SILVER	BRONZE			
\$15,000	\$10,000	\$5,000			
Charging Station Sponsor <i>(One available)</i> Company signage at a charging station.	Meal Sponsor <i>(Four Available)</i> Company signage at breakfast or lunch on either Thursday or Friday.	Refreshment Break Sponsor <i>(Two Available)</i> Company signage at the Refreshment Break.			
Gold sponsors may opt to support a <i>Charging Station</i> or be acknowledged as a <i>General Sponsor</i> of the course.	Silver sponsors may opt to support a <i>Meal</i> or be acknowledged as a <i>General Sponsor</i> of the course.	Bronze sponsors may opt to support <i>a Refreshment</i> Break or be acknowledged as a General Sponsor of the course.			
Gold sponsors will receive:	Silver sponsors will receive:	Bronze sponsors will receive:			
 Three complimentary registrations, Signage near charging station through the entire course, One 6' exhibit table for two representatives, Sponsorship acknowledgement at course through signage and announcements, Access to networking opportunities throughout the course, And receive a list of conference attendees on the first day of the course. 	 Two complimentary registrations, Signage near breakfast or lunch on designated day, One 6' exhibit table for two representatives, Sponsorship acknowledgement at course through signage and announcements, Access to networking opportunities throughout the course, And receive a list of conference attendees on the first day of the course. 	 One complimentary registration, Signage near refreshment break station for one day, One 6' exhibit table for two representatives, Sponsorship acknowledgement at course through signage and announcements, Access to networking opportunities throughout the course, And receive a list of conference attendees on the first day of the course. 			

Sponsorships range from \$5,000 to \$15,000 and feature various perks. Please email Mallory Hedquist, <u>Hedquist.mallory@mayo.edu</u>, for more information sponsorships and other, alternative opportunities. In addition to those listed above, sponsorship opportunities for the optional post-course session on Saturday, March 29 are available upon request.

A signed letter of agreement is required to secure your sponsorship, this agreement form will be sent after sponsorship details are agreed upon. Email Mallory Hedquist, <u>Hedquist.mallory@mayo.edu</u>, to secure your sponsorship.

Exhibit Opportunity

\$2,500.00

Exhibit tables offer an opportunity for company representatives to engage with attendees and faculty. All exhibits include:

- One 6' exhibit table for two representatives,
- Sponsorship acknowledgement at course through signage and announcements,
- Access to networking opportunities throughout the course,
- And receive a list of conference attendees on the first day of the course.

Click here to secure your exhibit table

A signed letter of agreement is required to secure your exhibit space, **space is limited**.

Exhibit Hours

Set Up: Wednesday, March 26 – TBD

Thursday, March 27 – Breakfast, Refreshment Breaks, and Lunch exact schedule forthcoming.

Friday, March 28 – Breakfast, Refreshment Breaks, and Lunch exact schedule forthcoming.

Saturday, March 29 – Breakfast, Refreshment Break exact schedule forthcoming.

Tear Down: All materials must be removed by 1:30pm on Saturday, March 29, 2025.

Payment Information

Check Payments

Over the Phone Credit Card Payments

Online Credit Card Payment (Exhibit Only)

Mayo Clinic – MCSCPD 200 First St SW, Plummer 2-60 Attn: Mallory Hequist Rochester, MN 55905 Reference: NDC 2025 Call our customer service team at 800-323-2688.

Please reference NDC 2025 – 25R01057.

Online credit care payments are limited to \$2,500.00 exhibit payments only. <u>Use this</u> form to complete your exhibit payment.

Request for Taxpayer Identification Number and Certification

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

Befor	e y	ou 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 lin entity's name on line 2.)	e 1, and enter the business/disregarded				
	Ma	ayo Clinic					
	2	Business name/disregarded entity name, if different from above.					
Print or type. c Instructions on page 3.	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	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):				
		 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 	Exempt payee code (if any) 1 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) A				
P Specific	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	(Applies to accounts maintained outside the United States.)				
See	5	Address (number, street, and apt. or suite no.). See instructions. Requester's name	e and address (optional)				
0)	20	0 First Street SW					
	6	City, state, and ZIP code					
	Rc	ochester, MN 55905					
	7	List account number(s) here (optional)					
Par	τI	Taxpayer Identification Number (TIN)					
Enter	νοι	Ir TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	ecurity number				
backı	ip v	vithholding. For individuals, this is generally your social security number (SSN). However, for a alien, sole proprietor, or disregarded entity, see the instructions for Part L later. For other					

entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> . later.	or			i I				
	Employer identification numbe							
Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	4	1	_	6	0	1	1	-

Part II Certification

Under penalties of perjury, I certify that:

- 1. 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
- 2. 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
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. 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	Katy Domaille	Date	01/02/2025	
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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

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