



Dear Exhibitor,

On behalf of course directors Young Erben, M.D., Claire Haga, M.D., Tina Ardon, M.D., FAAFP, Catherine Madaffari, M.D., and Melissa P. Cortes, M.D., we hope you will consider a display opportunity at our ***Academic Career Excellence for Women 2026*** course held **March 3rd, 2026**, at **Mayo Clinic Jacksonville, FL**. We expect approximately 50 practicing physicians, advanced practice providers, pharmacists, nursing leaders (directors, managers and supervisors), administrative leaders and emerging leaders and is open to all interested participants.

This course aims to raise awareness of the steps necessary to grow and succeed in scholarly and academic careers. All interested participants are welcome to register.

Display Fees for this 1-day course are as follows:
\$2,000 – Live Exhibit

Space is limited and table assignments will be made on a first-come, first-served basis. We are offering additional advertisement/sponsorship opportunities to expand reach and further socialize with attendees.

Live Exhibit Benefits:

- Promotion available at the live 1-day course from registration until the conclusion of the final lecture on the last day
- 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-foot table and two chairs.
- To maintain a clear separation of promotion from education, all exhibits will be held in a different room/location than where the general sessions are held.

Mayo Clinic, an integrated, not-for-profit group practice, is committed to meeting its responsibility as a national medical education resource and is accredited by the Accreditation Council for Continuing Medical Education to provide 7.25: AAPA, ACHE, ANCC, IPCE, and AMA PRA Category 1 Credit(s)[™] for this course.

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,

Olivia Spradlin

Olivia Spradlin
Education Administration Coordinator

Make checks payable to:
Mayo Clinic Florida
4500 San Pablo Road
Jacksonville, FL 32224
Attn: Accounting Activity #26J01796

Tax ID: 59-3337028



Mayo Clinic School of Continuous Professional Development (MCSCPD) Sponsorship Opportunities

<u>Opportunity</u>	<u>Cost</u>
Lanyards (Sponsor-provided, pre-printed lanyards; limited to one organization) Every attendee is required to wear a name badge, so what better way to advertise your company than with your logo on a lanyard! (Quantity to be determined 60 days before course.)	\$2,000
Conference Bags (Sponsor-provided, pre-printed drawstring bags; limited to one organization) Help keep course attendees organized by providing them with a drawstring bag to carry their course materials in with your company's logo on it! Drawstring bags to be provided by sponsor; artwork and bag are subject to MCSCPD approval. (Quantity to be determined 60 days before course.)	\$3,000
Non-CME Product Theatre (Limited to one organization) 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. Product theatre may not conflict with course content. We recommend that the product theater company provide information flyer/invitation handouts to be inserted into attendee registration packets and posters to display for better exposure. (Does Not Include audio/visual equipment - No CME credit.) Participating companies are responsible for providing flyer/invitation and posters.	\$15,000
Conference Bag Inserts/Flyers (Multiple opportunities available) Conference bag inserts/flyers are a great opportunity to invite attendees to your booth, announce your booth participation or conference- related event. Your company will provide copies of the flyer or advertisement (no larger than 8 ½ x 11, no more than one page) and the MCSCPD will stuff them into the official conference bags if purchased or displayed at the registration desk for attendee pick up. A limited number of bag inserts are permitted, so early reservation is encouraged. Artwork is subject to MCSCPD approval. (Quantity of fliers/advertisements to be determined 60 days before course.)	\$1,500 each

**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.

Print or type. See Specific Instructions on page 3.	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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Other (see instructions) 501 (c) (3) Tax-exempt Nonprofit Corporation	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.)
	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 <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 4500 San Pablo Road	Requester's name and address (optional)
6 City, state, and ZIP code Jacksonville, FL 32224		
7 List account number(s) here (optional)		

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