



Exhibitor & Sponsorship Prospectus

2026 Controversies in Wrist Surgery Mayo Clinic | Rochester, MN May 13-16, 2026

Welcome

On behalf of the course directors Steven Moran, M.D., Sanj Kakar, M.D., and Marco Rizzo, M.D. and Mayo Clinic School of Continuous Professional Development, we are pleased to announce the upcoming **2026 Controversies in Wrist Surgery** course being held at the Mayo Clinic in Rochester, MN.

This course is designed for orthopedic and plastic surgeons with a significant hand practice and covers the spectrum of disorders of the wrist and distal radioulnar joint. The format will be case-oriented, covering topics in bony and soft tissue trauma, degenerative disease, and inflammatory arthritis, to name a few. Videotaped surgery clips and cadaveric surgical dissection will be used to demonstrate complicated surgical procedures.

Please visit the course website at <u>ce.mayo.edu/wristsurgery2026</u> for additional details on the course. Guest rooms have been reserved at a discounted rate over the course dates.

If you are interested in participating in this course, please complete the electronic <u>Letter of Agreement Form</u>. If you have not already done so, please <u>create an account</u> prior to signing our letter of agreement.

Mayo Clinic recognizes these types of educational programs would not be possible without your support. We have a variety of sponsorship opportunities for you to consider. If you do not see what you are looking for, contact us and we will be happy to discuss additional advertisement opportunities.

Thank you for your consideration!

2026 Controversies in Wrist Surgery

Overview:

This course offers a quality selection of marketing and advertising opportunities. These are designed to help companies further engage, network and connect with attendees during the annual conference. Mayo Clinic staff can help maximize exposure through additional advertisement opportunities.

Why Sponsor:

Technical and educational exhibits provide a professional and educational environment in which physicians 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 and the management of the medical/surgical practice. Additionally, the exhibits enhance the educational content of the meeting helping to provide quality continuing medical education. Benefits of Sponsorship:

- Interact face-to-face with numerous medical professionals
- 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 Sponsorships opportunities

Exhibit Opportunities

In-Person Exhibit Opportunity - \$3,000.00

- In-person exhibit tables are available on a first-come, first-serve basis.
- 6' table and (2) chairs
- Acknowledgement in announcements, signage, and at break slides
- Receive attendee list (name, credentials, city, state)
- Access to networking opportunities throughout the course

Click here to secure your exhibit table

A signed letter of agreement is required to secure your exhibit table.

This is a competitive course. Please consider signing our agreement early to secure your table.

Exhibit Hours:

- Set-up: Thursday, May 14th 1 pm
- Tear Down: Saturday, May 16th at conclusion of course

Exhibit Hours if providing In-Kind Equipment:

- **Set-up:** Tuesday, May 12th 2 pm or Wednesday, May 13th prior to registration
- Tear Down: Saturday, May 16th at conclusion of course

Payment - Exhibit Only:

PREFERRED Payment: Credit card
To pay by credit card, please click here

By Check: Make checks payable to:

Mayo Clinic - MCSCPD

200 First St SW

Plummer 2-60, Attn: Addie Graves

Rochester, MN 55905

Reference: Wrist Surgery 5326R00872 on check

Mayo Clinic Tax ID: 41-6011702

Sponsorship Opportunities

Platinum Level - \$25,000.00

- Premium exhibit location
- Two 6-foot exhibit tables
- Recognition in conference syllabus, signage, break slides & announcement from podium.
- Attendee list (Opt-in only name, city, and state)
- Complimentary registration for four representatives

Gold Level - \$15,000.00

- Premium exhibit location
- One 6-foot exhibit table
- Recognition in conference syllabus, signage, break slides & announcement from podium.
- Attendee list (Opt-in only name, city, and state
- Complimentary registration for three representatives

Silver Level - \$7,500.00

- One 6-foot exhibit table
- Recognition in conference syllabus, signage, break slides & announcement from podium.
- Attendee list (Opt-in only name, city, and state)
- Complimentary registration for two representatives

Product Theatre - \$10,000.00 (Two opportunities available)

Showcase your product offerings to attendees with a product theatre.

- 60-minute luncheon session with complimentary meeting room space. Food and beverage will be provided by Mayo Clinic. Attendee list after the event, networking opportunities, and acknowledgment and recognition at the conference
- Sponsor is responsible for providing speaker(s), program invitations and advertisements for the product theatre.
- Sponsor is logistically and financially responsible for any/all audiovisual needs for the product theatre.

Attendee Bags - \$5,000.00 (Exclusive)

Prominently display your company name on attendee bags. Sponsor is responsible for sourcing the bags and providing to the CME staff to distribute to attendees once onsite at the course.

- Supporter will be recognized throughout the meeting in signage and electronic communications.
- Company name will be displayed outside the meeting space.

Click here to secure your Sponsorship

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Exhibit Hours:

• Set-up: Thursday, May 14th – 1 pm

• Tear Down: Saturday, May 16th – at conclusion of course

Exhibit Hours if providing In-Kind Equipment:

• **Set-up:** Tuesday, May $12^{th} - 2$ pm or Wednesday, May $13^{th} -$ prior to registration

• Tear Down: Saturday, May 16th – at conclusion of course

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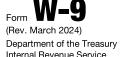
200 First St SW

Plummer 2-60, Attn: Addie Graves

Rochester, MN 55905

Reference: Wrist Surgery 5326R00872 on check

Mayo Clinic Tax ID: 41-6011702



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.

		Torrido dor vido											
Befor	е ус	bu begin. For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.											
	1	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												
Print or type. See Specific Instructions on page 3.	2	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)						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
								Exempt payee code (if any) 1					
		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 appropriation for the tax classification of its owner. Other (see instructions) 501 (c) (3) Tax-exempt Nonprofit Corporation					Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)						
	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, checking box if you have any foreign partners, owners, or beneficiaries. See instructions				(Applies to accounts maintained outside the United States.)							
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's	equester's name and a				nd address (optional)					
0)	200 First Street SW												
	6 City, state, and ZIP code												
	Ro	chester, MN 55905											
	7	List account number(s) here (optional)											
Pai	ŧΙ	Taxpayer Identification Number (TIN)											
					al security number								
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 <i>How to get a</i>						_			-				
TIN later						r identification number							
Note: If the account is in more than one name, see the instructions for line 1. See also What Name and						r identification fidinger							
Number To Give the Requester for guidelines on whose number to enter.					1 -	6	0	1	1	7 0	2		
Par	t II	Certification											
Unde	r pe	nalties of perjury, I certify that:								·			
1. The	nu	mber shown on this form is my correct taxpayer identification number (or I am waiting for a	a number t	to b	e iss	ued t	o me)	anc	t				
		ot subject to backup withholding because (a) I am exempt from backup withholding, or (b) I											
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										hat 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 Signature of 01/02/2025 Here U.S. person Date

Cat. No. 10231X

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