

# **Hospital Medicine for NPs & PAs 2026**

## **Live & Livestream**



DoubleTree Resort by Hilton Paradise Valley  
Scottsdale, Arizona  
Wednesday, February 11 - Saturday, February 14, 2026

Dear Exhibitor,

On behalf of the Hospital Medicine for NPs & PAs 2026 course and the Mayo School of Continuous Professional Development, we are pleased to announce our upcoming course, to be held February 11-14, 2026, at DoubleTree Resort by Hilton Paradise Valley in Scottsdale, Arizona.

Nurse practitioners and physician assistants are playing an increasingly vital role in the care delivery of hospitalized patients. This conference focuses on providing advanced practice providers with the most up-to-date, evidence-based guidelines and treatment pathways necessary to optimally care for hospitalized patients. The course covers topics in critical care, hospital general medicine, surgery, neurology, hematology, cardiology, psychology, pain management and other medical subspecialties and features multiple options for skills workshops to further tailor their educational needs. Additional course details can be found on the course web site.

This course is designed for hospitalists, nurse practitioners, physician assistants, advance practice providers, registered nurses, allied health professionals, physicians, and residents.

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 in the amount of **\$2,250**.

Industry exhibitors are provided a draped table with two chairs. In support of ACCME guidelines, exhibitors will be in a separate area from the educational activity. Exhibit space is limited and located near the food and beverage area for optimal contact during breaks.

If you are interested in exhibiting at our course, please complete and return the provided Agreement form and payment to secure your exhibit space, no later than January 6, 2026. Please make payment payable to Mayo Clinic and send payment to my attention at the address on the form below. For your convenience, our Federal tax identification number is 41-6011702.

We look forward to the success of the Hospital Medicine for NPs & PAs 2026 course and hope you will be able to join us in Scottsdale, Arizona!

Sincerely,

Patricia Rodríguez, MS  
CME Specialist  
[Rodriguez.Angela@mayo.edu](mailto:Rodriguez.Angela@mayo.edu)

Cathy Schilling  
Education Administration Coordinator  
[Schilling.catherine@mayo.edu](mailto:Schilling.catherine@mayo.edu)  
Phone: 507-266-7484

## Exhibitor Information

### Overview

Nurse practitioners and physician assistants are playing an increasingly vital role in the care delivery of hospitalized patients. This conference focuses on providing advanced practice providers with the most up-to-date, evidence-based guidelines and treatment pathways necessary to optimally care for hospitalized patients. The course covers topics in critical care, hospital general medicine, surgery, neurology, hematology, cardiology, psychology, pain management and other medical subspecialties and features multiple options for skills workshops to further tailor the educational needs of NPs, PAs, and other APPs.

### Audience

We expect 160 attendance at Hospital Medicine for NPs & PAs 2026. This course is designed for hospitalists, nurse practitioners, physician assistants, advance practice providers, registered nurses, allied health professionals, physicians, and residents.

### Dates

Wednesday, February 11-Saturday, February 14, 2026

### Course Highlights

- Contemporary guidelines-based best practices
- Practicing healthcare provider faculty
- Common clinical dilemmas

## Website

[Course Website](#)

### Location

DoubleTree Resort by Hilton Paradise Valley  
5401 North Scottsdale Road  
Scottsdale, AZ 85250

### Price

\$2,250

### Attendee List

Exhibitors will be provided an attendee list, via email, with the following attendee information:

- First/Last Name
- Credentials
- City, State

### Set-Up

To be determined

### Hours

To be determined



## Exhibitor Agreement

Mayo Clinic School of Continuous  
Professional Development (MCSCPD)

### Instructions:

Complete this form to serve as an exhibit contract between Accredited Provider: Mayo Clinic College of Medicine and Science – MCSCPD and external organizations at Continuing Medical Education events.

### Activity Information

Title	Tracking ID
Activity Location (Venue, City, State)	Dates
Activity Contact(s) [CMES/EAC Name(s)]	
Support Location (select one) <input type="checkbox"/> Arizona <input type="checkbox"/> Florida <input type="checkbox"/> Rochester <input type="checkbox"/> Other:	

### Exhibitor Information

Company Name (as it should appear on printed materials)	
Exhibitor Contact (if different than exhibit representative) (First, Last)	Exhibitor Contact Email
Name(s) of Representative(s) Exhibiting (maximum of two representatives allowed per exhibit)	
Address (Street, City, State, ZIP or Country Code)	Phone
Email Address(es) Representative(s) Exhibiting	Fax
Named exhibitor wishes to exhibit at the above-named activity for the amount of (USD): \$	

NOTE: Request for power, internet access, or other items not included in the agreement may incur additional fees. Approval of custom requests is at the discretion of Mayo Clinic School of Continuous Professional Development.

Additional Requests
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### Terms and Conditions

- **Exhibitor** agrees to abide by ACCME accreditation requirements and ACCME Standards for Integrity and Independence in Accredited Continuing Education (“Standards”) as stated at [www.accme.org/publications/standards-for-integrity-and-independence-accredited-continuing-education](http://www.accme.org/publications/standards-for-integrity-and-independence-accredited-continuing-education). The standards include, but are not limited to, the following requirements:
  - Accredited continuing education must protect learners from commercial bias and marketing.
  - Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
  - The accredited provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.
- **Exhibitor** may only distribute educational promotional materials at their exhibit space. Distribution of noneducational 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 **Accredited 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.

## Exhibitor Agreement (continued)

- 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 **Accredited Provider**. **Accredited 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, **Accredited 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 **Accredited Provider**.
- **Accredited Provider** agrees to provide exhibit space and may acknowledge **Exhibitor** in activity announcements. **Accredited 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 in this Exhibitor Agreement (including ACCME Standards for Integrity and Independence in Accredited Continuing Education).

### Signatures

Exhibitor Representative Signature ▶	Exhibitor Representative Printed Name (First, Middle, Last)	Date (mm-dd-yyyy)
Mayo Clinic Representative Signature ▶	Mayo Clinic Representative Printed Name (First, Middle, Last)	Date (mm-dd-yyyy)

### Payment Information

Complete and Return This Form Before (mm-dd-yyyy)
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- Select payment type for the support location you selected on page 1.
- Make check payable to Mayo Clinic. Identify course name on the check.
- Do not send credit card information via email.

<input type="checkbox"/> <b>Arizona</b> Federal Tax Identification 86-0800150 <input type="checkbox"/> Check <input type="checkbox"/> Credit Card or Wire Transfer For payment by credit card or wire transfer, call the MCSCPD office at 1-480-301-4580. Send payment to: Mayo Clinic – MCSCPD 13400 East Shea Blvd. Scottsdale, AZ 85259	<input type="checkbox"/> <b>Florida</b> Federal Tax Identification 59-3337028 <input type="checkbox"/> Check <input type="checkbox"/> Credit Card or Wire Transfer For payment by credit card or wire transfer, call the MCSCPD office at 1-800-462-9633. Send payment to: Mayo Clinic – MCSCPD 4500 San Pablo Road Jacksonville, FL 32224
<input type="checkbox"/> <b>Rochester</b> Federal Tax Identification 41-6011702 <input type="checkbox"/> Check <input type="checkbox"/> Credit Card or Wire Transfer For payment by credit card or wire transfer, call the MCSCPD office at 1-800-323-2688. Send payment to: Mayo Clinic – MCSCPD 200 First St SW, Plummer 2-60 Rochester, MN 55905	<input type="checkbox"/> <b>Other</b> _____ Federal Tax Identification _____ <input type="checkbox"/> Check <input type="checkbox"/> Credit Card or Wire Transfer For payment by credit card or wire transfer, call:  Send payment to: