Mayo Clinic School of Continuous Professional Development
200 First Street SW
Rochester, Minnesota 55905

July 28, 2026

Dear Potential Exhibitor,

On behalf of Course Directors Mark Edwin, M.D., Molly Svendsen, M.D., and Sharene Best, APRN, C.N.P., M.S.N., we hope you will consider an in-person exhibit opportunity at our ***Caring for the Cancer Patient 2026*** to be held **November 5-7, 2026,** at the Hilton North Scottsdale at Cavasson in Scottsdale, Arizona. The course is offered both live and livestream and we expect attendees comprised of Allied Health Professionals, Nurses, Nurse Practitioners, Physicians, Physician Assistants, Resident Fellows, and Social Workers.

This is a course focusing on the optimal care strategies for cancer patients as they journey through cancer directed therapies and then subsequently live with the ramifications of those treatments. An engaging, multidisciplinary team explores how to address the myriad of questions many healthcare professionals face on how to best manage their cancer patients' side effects and survivorship.

The display fee to exhibit at the live course is **$2,500.** Space at the live course is limited and tables will be reserved on a first-come, first-served basis based on the date the signed exhibit Letter of Agreement (LOA) letter is received in our office. To maintain a clear separation of promotion from education, all exhibits will be located in a space separate from where the general session is held. Exhibits are "open" from registration until the conclusion of the final lecture. Product theatre and other sponsorship options are listed on the Sponsorship Opportunities document.

Exhibit Benefits:
• Promotion at the three-day course
• Exhibitors are provided with 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 6ft table with two chairs
• An attendee list including: registered attendee's name, credentials, city and state distributed a week before the course.
• Vendor recognition in online course syllabus
• Acknowledgement on rolling announcements during the course

If you are interested in participating in this course, please complete the electronic Letter of Agreement Form. If you have not already done so, please create an account prior to signing our letter of agreement. Return the completed Letter of Agreement Form with your payment.

Form of Payment:
- Credit Card (preferred) – Access through the letter of agreement form or call 1-800-323-2688.
- Check Payment – An invoice will be emailed to the contact identified on this form. Remit payment by check to the address on the invoice.

Mayo Clinic's Tax ID number is 86-0800150; our W-9 form is attached for your convenience.

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

We sincerely appreciate your consideration of this request and hope you will join us in Scottsdale, Arizona, in November!

Sincerely,

Susan Reigel / CME Specialist Reigel.Susan@mayo.edu
Addie Graves / Education Administration Coordinator Graves.Addison@mayo.edu

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

Opportunity	Cost
Non-CME Product Theater	**$15,000**

(Limited to one organization on Friday, November 6th)
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. (Does Not Include audio/visual equipment - No CME credit.) Participating companies are responsible for providing flyer/invitation and posters.

If you are interested in participating in any of the Product Theater Sponsorship Opportunity, please complete the electronic Exhibitor Letter of Agreement and contact Addie Graves.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

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 Arizona

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.

13400 East Shea Boulevard

6 City, state, and ZIP code

Scottsdale, AZ 85259

Requester's name and address (optional)

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

8	6	–	0	8	0	0	1	5	0

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** 1/2/2026

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

MAYO CLINIC | School of Continuous Professional Development

Caring for the Cancer Patient 2026

November 5-7, 2026

MAKE PLANS TO ATTEND

Hilton North Scottsdale at Cavasson
Phoenix, Arizona

ce.mayo.edu/CCP26

Mark your calendar!

Caring for the Cancer Patient 2026

NOVEMBER 5-7, 2026

Hilton North Scottsdale at Cavasson
Phoenix, Arizona

COURSE DIRECTORS

Sharene Best, APRN, C.N.P., M.S.N.
Mark Edwin, M.D.
Molly Svendsen, M.D.



ce.mayo.edu/CCP26

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