MAYO CLINIC

Dear Exhibitor,

On behalf of Mayo Clinic School of Continuous Professional Development, we hope you will consider a live exhibit opportunity at our **Mayo Clinic Multidisciplinary Head and Neck Cancer Symposium 2027,** at the Omni Orlando Resort at Champions Gate, Florida. The program schedule and venue information can be found on the course website. We extend this invitation to join us and exhibit and/or sponsor at our continuing medical education activity. We expect approximately 100 in-person otolaryngologists, head and neck surgeons, medical and radiation oncologists, laboratory scientists, physician assistants, nurse practitioners, registered nurses, oncology pharmacists, oncology nurses, speech and language pathologists, physical therapists, dietitians, dentists, clinical research personnel, and other allied health staff involved in the care of head and neck cancer patients. Specialties include medical oncology, radiation oncology, surgical oncology, ENT, pathology, radiology, and laboratory research science.

Mayo Clinic Multidisciplinary Head and Neck Cancer Symposium 2027 is dedicated to the latest advancements in head and neck cancer care, encompassing surgical oncology, radiation oncology, medical oncology, and symptom control/survivorship.

The display fee for an exhibit space is $4,150. To maintain a clear separation of promotion from education, all exhibits will be in a space separate from where the general session is held. Exhibits are "open" from registration until the conclusion of the final lecture. **Additionally, product theater and other sponsorship opportunities are available as noted below.**

Live Exhibit Benefits:
- Promotion at the live 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 6 ft table, two chairs and tablecloth
- An attendee list including registered attendee's name, degree, city and state distributed pre-course
- Vendor recognition in online course syllabus
- Acknowledgement on rolling announcements during the course

Spaces are limited. To secure your space, complete the Exhibitor/Sponsorship Agreement. Please note course activity **Head/Neck 2027** on all correspondence. Mayo Clinic's Tax ID number is 86-0800150. Our W-9 form is attached for your convenience.

We sincerely appreciate your consideration and hope you will join us in Champions Gate, Florida in March!

Sincerely,

Kari Koenigs
CME Specialist
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Dorinda Johnson
Education Administration Coordinator
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Mayo Clinic School of Continuous Professional Development (MCSCPD)
Sponsorship Opportunities

Sponsorship Opportunity **Cost**

Conference Bag Inserts (Multiple opportunities available) **$1,500**

Conference bag inserts 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 MCSCPD will include them in the official conference bags. 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.)

Lanyards (Sponsor-provided, pre-printed lanyards; exclusive) **$2,000**

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.)

Conference Bags (Sponsor-provided, pre-printed drawstring bags; exclusive) **$3,000**

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.)

Internet Sponsor (Exclusive) **$7,000**

Help attendees stay connected with home, office and online course materials while attending the conference by sponsoring the wireless internet access in the meeting space. This sponsor will be recognized throughout the meeting in signage and electronic communications and may select the Wi-Fi password.

Welcome Reception Sponsor (Limited to two organizations) **$5,000**

We invite you to display your company logo for all attendees to see during the Welcome Reception. Your sponsorship includes prominent signage outside the reception area.

Breakfast Symposium Non-CME Product Theater (2 available; Fri, March 5 or Sat, March 6) **$10,000**

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 theater may not conflict with course content. We recommend 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.

Lunch Symposium Non-CME Product Theater (Exclusive; Fri March 5) **$15,000**

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 theater may not conflict with course content. We recommend 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.

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.)

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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