



MAYO
CLINIC Exhibitor & Sponsorship Prospectus

The Mayo Clinic logo, consisting of three interlocking shields.

Clinical Updates in Pain Medicine 2027
Laguna Cliffs Marriott Resort & Spa
Dana Point, CA
April 8-10, 2027

Welcome

On behalf of course directors Terry L. Hunt II, M.D., M.B.A., Chanchrisna Kish, APRN, C.N.P., D.N.P, Matthew J. Pingree, M.D., and the Mayo Clinic School of Continuous Professional Development, we are pleased to announce this year's [Clinical Updates in Pain Medicine 2027](#), April 8-10, 2027, at Laguna Cliffs Marriott Resort & Spa, Dana Point, California.

Course Description

This comprehensive course addresses pain conditions across multiple medical disciplines, aiming to enhance pain management and improve patient outcomes. Through a structured series of lectures, participants explore the full spectrum of chronic pain treatment, including pharmacologic therapies, non-pharmacologic approaches, and interventional procedures. This course includes presentations focusing on strategies for perioperative and inpatient pain management, offering practical insights for clinical application. The curriculum also delves into the evaluation and treatment of common comorbidities associated with chronic pain—such as central sensitization, depression, and anxiety—with particular emphasis on the role of cognitive behavioral therapy. Additionally, the course provides an in-depth review of prevalent pain syndromes, including spine pain, neuropathic pain, headache, fibromyalgia, chronic fatigue syndrome, and arthritic conditions.

Target Audience

This course is designed for physicians, physician assistants, nurse practitioners, nurses, residents, fellows, and allied health professionals working in primary care, family medicine, pain management, hospital medicine, palliative care, anesthesiology, and other specialties involved in the evaluation and treatment of pain.

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 table or sponsorship listed below.

Complete the [Exhibitor/Sponsorship Agreement](#) by April 1, 2027. In support of ACCME guidelines, commercial support will be in a separate area from the educational activity. This event is open to multiple pharmaceutical companies.

Additional information such as program schedule and location information can be found on the [course website](#).

For your convenience, our federal tax identification number is 41-6011702. If you have any questions, please feel free to contact us.

We look forward to the success of our course this year and hope you will be able to join us!

Sincerely,

Lisa Winter

CME Specialist

Mayo Clinic School of Continuous Professional Development

Dorinda Johnson

Education Administration Coordinator

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Mayo Clinic School of Continuous Professional Development

Sponsorship Opportunities

Technical and educational exhibits create a professional learning environment where physicians, CRNAs, RNs, NPs, and PAs can explore products and services, receive demonstrations, and discuss their clinical and surgical applications. These interactions highlight how such innovations can enhance patient care and support effective medical and surgical practice management. Additionally, the exhibits complement the meeting's educational content, contributing to high-quality continuing medical education.

Don't see what you are looking for? Contact us and we would be happy to discuss additional advertising opportunities with you.

Opportunity	Fee	Fee Includes
Internet <i>Exclusive</i>	\$5,000	• Signage with company name and/or logo • Acknowledgement on webpage, announcements, and at break times during the course • An exhibit table for two representatives • List of conference attendees • Complimentary registration for two
Charging Station - <i>Exclusive</i>	\$5,000	• Signage with company name and/or logo • Acknowledgement on webpage, announcements, and at break times during the course • An exhibit table for two representatives • List of conference attendees • Complimentary registration for two
Morning Break - 3 Afternoon Break - 2	\$3,000	• Signage with company name and/or logo • Acknowledgement on webpage, announcements, and at break times during the course • An exhibit table for two representatives • List of conference attendees

In-Person Exhibit Opportunity

- 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
- Advertisement opportunities to expand reach and further socialize with attendees
- Introduce new products and services

Opportunity	Fee	Fee Includes
In-Person Exhibit Table	\$2,000	• An exhibit table for two representatives • Acknowledgement on webpage, announcements, and at break times during the course • List of conference attendees Set-up: Wednesday, April 7, 2027 – 4:00-6:00 p.m. Tear Down: Saturday, April 10, 2027 – at conclusion of course

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

Please complete the [Exhibitor/Sponsorship Agreement](#)

Payment Options:

- Credit Card Payment – Preferred
- Check Payment - An invoice will be emailed to the contact identified on the letter of agreement. Remit payment by check to the address on the invoice.
- Wire Fund Transfer / Electronic Payment - details available upon request

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.**

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	
	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	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 ☐	
	5 Address (number, street, and apt. or suite no.). See instructions. 200 First Street SW 6 City, state, and ZIP code Rochester, MN 55905 7 List account number(s) here (optional)	Requester's name and address (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									
4	1	-	6	0	1	1	7	0	2

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>1/2/2026</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