

April 25, 2014

Greetings,

On behalf of course directors Donald D. Hensrud, M.D., M. Molly McMahon, M.D., Manpreet S. Mundi, M.D., and Mayo Clinic School of Continuous Professional Development, I am pleased to announce the 14<sup>th</sup> Annual **Mayo Clinic Nutrition and Wellness in Health and Disease** medical education course which will be held **September 18-19, 2014** at the **Marriott Marquis in San Francisco, California.** 

The 14<sup>th</sup> Annual Mayo Clinic Nutrition and Wellness in Health and Disease course will provide a full spectrum, in-depth overview of situations that clinicians encounter in the ambulatory setting including effective ways to provide nutrition counseling, obesity and obesity-associated medical conditions, and other common nutrition issues, in addition to physical activity and wellness. Current clinical topics will be highlighted through presentations, interactive case studies, and panel discussions. You may find additional course details on the course website: <a href="www.mayo.edu/cme/nutrition2014">www.mayo.edu/cme/nutrition2014</a>.

The 2014 course is designed for physicians (general internal medicine, family medicine, endocrinologists, and subspecialists interested in nutrition), advanced practice clinicians (nurse practitioners and physician assistants), dietitians, nurses, and health and wellness specialists. Each year we have experienced solid attendance and this year we project attendance levels near 300. The faculty will be selected from Mayo Clinic for their expertise, knowledge, and clinical acumen.

Mayo Clinic recognizes these types of educational programs would not be possible without your support. We invite you to participate in these educational activities with an exhibit in the amount of \$2,000.00.

If you are interested in exhibiting at our course, **please complete and return the provided Exhibitor Agreement form and payment <u>before</u> <b>August 31, 2014**. This agreement may be substituted with your company's standard Letter of Agreement Form. Please make payment payable to Mayo Clinic and send payment to my attention at the address below. For your convenience, our Federal tax identification number is 41-6011702.

In support of ACCME guidelines exhibitors will be located in a separate area from the educational activity. Participating exhibitors will be allowed to set up at the Marriott Marquis in Golden Gate B on Wednesday, September 17, 2014 after 4:00 PM.

Exhibitors are welcome to confirm hotel reservations utilizing our special group rate at the Marriott Marquis hotel. In order to receive the special rate, reservations must be made before the room block is filled or before the expiration date of August 27, 2014, whichever comes first.

We look forward to the success of our 2014 Nutrition and Wellness in Health and Disease course and hope you will be able to join us in San Francisco, California this coming September. If you have any questions or your company requires completion of a web-based application, please feel free to contact me.

Sincerely,

Shannon M. Halvorson Education Administration Coordinator Mayo School of Continuous Professional Development Mayo Building, 17-56E 200 First Street SW Rochester, MN 55905 halvorson.shannon@mayo.edu

Phone: 507-293-2103 Fax: 507-284-5370



## Mayo School of Continuous Professional Development (MSCPD)

Exhibitor Agreement Regarding the Terms and Conditions for a Commercial Exhibit						
Activity Title:	Nutrition and Wellness In Health and	Disea	se Activity Number	r: 2014R284		
Location:	Marriott Marquis, San Francisco, CA		Date(s):	September 18-19, 2014		
Agreement between: ACCREDITED PROVIDER (PROVIDER):  Mayo Clinic College of Medicine – Mayo School of CPD  AND						
Name of Commercial Company (EXHIBITOR):  (as it should appear on printed materials)						
Name of Person Exhibiting:						
Address:						
Telephone:	Fax:		Email:			
The named EXHIBITOR wishes to exhibit at the above named activity for the amount of \$ 2,000.00						
	Payment	Info	ormation			
Please complete credit card information or indicate if mailing a check:						
	□Visa □ Maste	er Ca	rd Discover			
Card # Exp						
Name on Credit Card: Date:						
Address of Cardholder:						
(if different from above address) City: State: Zip						
Phone #:	Phone #: Email:					
Federal Tax ID number is 41-6011702						
	☐ Check		L Elect	ronic Transfer		
Make check payable to <b>Mayo Clinic</b> and remit to: Mayo School of Continuous Professional Development				\$25 fee		
Attn: Shannon Halvorson Mayo 17-56E						
200 First Street SW Rochester, MN 55905			Please contact CME office for account information.			
(Identify course name)						

200 First Street SW, Rochester Minnesota 55905 Telephone: (507) 284- 2509 Fax: (507) 538-7234 www.mayo.edu/cme

## Exhibitor Agreement – Page 2

By signing below, I agree to the "Terms and Conditions" outlined on Page 2 of this Exhibitor Agreement (including ACCME Standards for Commercial Support):

EXHIBITOR Representative:				
(I understand and agree that typing my name above is the electronic equivalent of a written signature)				
PROVIDER Representative:				
1	(Signature)	(Date)		

## TERMS AND CONDITIONS

- EXHIBITOR agrees to abide by ACCME Standards for Commercial Support as stated at <a href="www.accme.org">www.accme.org</a>:

  SCS 4.2: "Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME." "Live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or in the place of the CME activity."
- EXHIBITOR may not distribute promotional materials. Distribution of pharmaceuticals or other samples is prohibited.
- All commercial support associated with this activity will be given with the full knowledge of the PROVIDER. No additional payments, goods, services or events will be provided to the course director(s), planning committee members, faculty, joint sponsor, or any other party involved with the activity.
- Completion of this agreement represents a commitment and payment is due and collectible by the ACTIVITY DATE unless otherwise agreed upon by the PROVIDER. PROVIDER reserves the right to refuse exhibit space to EXHIBITOR in the event of nonpayment or Code of Conduct violation.
- PROVIDER agrees to provide exhibit space and may acknowledge EXHIBITOR in activity announcements. PROVIDER reserves the right to assign exhibit space or relocate exhibits at its discretion.
- PROVIDER **Federal Tax ID number is 41-6011702**.

  Please remit check payable to: **Mayo Clinic.** Please identify course name on the check stub.

Please fax completed Exhibitor Agreement to: (507) 538-7234