



August 25, 2017

Dear Exhibitor,

On behalf of course directors Jose Diaz-Gomez, M.D. and Sergio Bustamante, M.D., we hope you will consider a display opportunity at our "***My Must-do Perioperative Workshops***" held ***March 16-17, 2018***. We expect around 50 practicing anesthesiologists, critical care specialists, emergency medicine practitioners, hospitalists, certified registered nurses, anesthesiology residents and fellows, nationally and internationally. These workshops will focus on a sequence of up-to-date educational tools used to acquire skills that the anesthesiology practice demands. Simulation will be incorporated into each workshop. The most important clinical management questions will be addressed in highly interactive sessions.

Display fees are \$1500 for the full two-day course. Space is limited and table assignments will be made on a first come, first served basis depending on the date the signed exhibit agreement letter is received in our office.

Mayo Clinic, an integrated, not-for-profit group practice, is committed to meeting its responsibility as a national medical education resource and is accredited by the Accreditation Council for Continuing Medical Education to provide ***18.75 AMA PRA Category 1 Credit(s)TM*** for this course.

Our programs provide valuable information on unmet needs to the medical community. We sincerely appreciate your consideration and hope you will take the opportunity to join us for a truly unique educational program.

Sincerely,

A handwritten signature in cursive script that reads 'Victoria Clifton'.

Victoria Clifton  
CME Specialist

Make checks payable to:

Mayo Clinic  
Attn: Lauren Perdue  
4500 San Pablo Road  
Stabile 790N- Education  
Jacksonville, FL 32224  
Tax ID: 59-3337028



## Mayo School of Continuous Professional Development

Activity Title	My Must-Do Perioperative Workshops 2018
Activity Number	18J05793
Location	Mayo Clinic Simulation Center, Jacksonville, FL
Dates	March 16-17, 2018

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine – Mayo School of CPD AND:

Commercial Company (Exhibitor)	
Name of Person(s) Exhibiting – <i>maximum of two representatives allowed per exhibit</i>	
Address	
Telephone	
Fax	
Email	
The named exhibitor wishes to exhibit at the above named activity for the amount of	\$1500

### TERMS AND CONDITIONS

- EXHIBITOR agrees to abide by ACCME Standards for Commercial Support as stated at [www.accme.org](http://www.accme.org): 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 only distribute educational promotional materials at their exhibit space. Distribution of non-educational items (pens, notepads, etc.), pharmaceuticals or product 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 provider, 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.
- EXHIBITOR may place a formal inquiry about potential sales of products within the exhibit. MSCPD holds the right to provide an exemption based decision on product sales.
- PROVIDER Federal Tax ID number is 59-3337028.**  
Please remit check payable to: Mayo Clinic- Mayo School of CPD. Please identify name of course on the check stub.

**Payment Information**

Please indicate your method of payment:

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
Make payable to: Mayo Clinic CPD Attn: Lauren Perdue 4500 San Pablo Rd. S. Jacksonville, FL 32224	Call the Mayo Clinic Registrar at 800-462-9633  <i>Do not send credit card information via email or fax.</i>
<p><u>Please identify <b>18J05793</b> on the check.</u></p>	

**NOTE:** There may be additional charges depending on the meeting location (power, internet access, etc).

*Please list additional requests here:*

Exhibitor Representative	Name	Signature
Mayo Clinic Representative	Name	Signature