MAYO CLINIC

March 1, 2012

Dear Exhibitor

On behalf of course director Gerardo Colon-Otero, MD, we hope you will consider a display opportunity at our ***22nd Annual Mayo Clinic Hematology/Oncology Reviews*** held ***August 9-11, 2012.*** We expect around 150 hematology/oncology physicians and allied health staff both nationally and internationally. This course serves as a comprehensive review that focuses on the clinical application of new research developments over the preceding year in the vast fields of hematology and oncology.

Display fees are $3,000 for three days, $2500 for two days or $1500 for one day. Space is limited and table assignments will be made on a first come, first served basis based 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 17 *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,

Marlana K. Beck
Education Specialist

Make checks payable to:
Mayo Clinic
Attn: Marlana Beck, Med Edu
4500 San Pablo Road
Jacksonville, FL 32224
Tax ID: 59-3337028

MAYO CLINIC

Mayo School of Continuous Professional Development (MSCPD)

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: __Hematology and Oncology Reviews__ Activity Number: _2012J555_

Location: _Ritz-Carlton, Amelia Island, Florida _____ Date(s) __August 9-11, 2012_

Agreement between: ACCREDITED PROVIDER (PROVIDER):
College of Medicine, Mayo Clinic – 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 $_____

Payment Information

Please complete credit card information or indicate if mailing a check:

☐ Visa ☐ Master Card ☐ Discover

Card # _____ Exp. _____

Name on Credit Card: _____ Date:_____

Address of Cardholder: _____
(if different from above address)

City: _____ State: ____ Zip _____

Phone #: ___ ___ ____ Email: _____

Federal Tax ID number is 59-3337028

☐ **Check**

Make check payable to **Mayo Clinic Florida** and remit to: Mayo School of Continuous Professional Development
Attn: _Marlana Beck
4500 San Pablo Rd
Jacksonville, FL 32224

(Identify activity number on check 2012J555)

☐ **Electronic Transfer**

$25 fee

Please contact CME office for account information.

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) (Date)

PROVIDER Representative: Kate Ray, Operations Mgr, _____ _____ _____
Education Specialist (Signature) (Date)

TERMS AND CONDITIONS

- EXHIBITOR agrees to abide by ACCME Standards for Commercial Support as stated at 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 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 59-3337028**.
  Please remit check payable to: **Mayo Clinic Florida.** Please identify name of activity on the check stub.

Please fax completed Exhibitor Agreement to: (904) 953-7105
Return via *fax only*