MAYO CLINIC

School of Continuous Professional Development
200 First Street SW
Rochester, MN 55905

Dear Representative:

On behalf of Mayo Clinic and Mayo School of Continuous Professional Development, we would like to invite you to exhibit at the upcoming Mayo Clinic Symposium on Anesthesia and Perioperative Medicine course. The course is February 22-25, 2012 at the Fairmont Scottsdale Princess, Scottsdale, AZ. We expect approximately 120 practicing anesthesiologists, anesthesia technicians, nurse anesthetists, and anesthesia assistants to attend. We anticipate great interest from commercial companies with products and services which will be of interest to our attendees.

The full program schedule and additional course information is available online:
http://www.mayo.edu/cme/anesthesiology-2012r567

The course format will feature lectures, interactive audience response system, and afternoon hands-on workshops. Our collaborative effort is based upon a physician and education planning committee review of several needs assessments compiled from anesthesia professionals, as well as information provided by industry journals. Our CME programs are designed to provide new knowledge, assist in the acquisition and maintenance of professional skills, as well as encourage and facilitate scholarly development of physicians.

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 continuing medical education for physicians (AMA). A*MA PRA Category 1 Credits*™, American Academy of Nurse Anesthetists, and AOA Category 2-A credits will be offered.

As course co-directors, we are inviting you to exhibit at this meeting for a fee of $3,000. If you are interested in exhibiting or would like additional details about this program, please contact Julie Reed, CME Specialist, by e-mailing reed.julie1@mayo.edu or calling 507-266-2821.

Please return a signed letter of agreement (LOA) to confirm your participation by January 13, 2012. Payment may be completed by sending your check, made payable to Mayo Clinic, to ATTN: Julie Reed – Plummer 2-60, 200 First St SW, Rochester, MN, 55905. Please denote project number 2012R567 on your correspondence. The Mayo Clinic Tax ID number is 41-6011702.

Sincerely,

Sorin J. Brull, MD
Mayo Clinic Jacksonville

Daniel R. Brown, MD, PhD
Mayo Clinic Rochester

James R. Hebl, MD
Mayo Clinic Rochester

Harish Ramakrishna, MD
Mayo Clinic Arizona

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# Mayo School of Continuous Professional Development

## Exhibitor Agreement

*Regarding the Terms and Conditions for a Commercial Exhibit*

Activity Title Symposium on Anesthesiology and Perioperative Medicine
Location Fairmont Scottsdale Princess – Scottsdale, AZ Date(s) February 22-25, 2012

Agreement between: ACCREDITED PROVIDER (PROVIDER):
*Mayo Clinic College of Medicine – Mayo School of CPD*
AND
Commercial Company (EXHIBITOR): _____
Address: _____
Telephone _____ Fax _____ Email _____

The named EXHIBITOR wishes to exhibit at the above named activity for the amount of $3,000.00

## *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 distribute promotional materials at their exhibit space only. 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- Mayo School of CPD. Please identify name of course on the check stub.

AGREED

EXHIBITOR Representative: _____ _____
(Name) (Signature)

PROVIDER Representative: _____ _____
Mayo School of Continuous Professional Development (Signature)