MAYO CLINIC

Mayo Clinic
College of Medicine
200 First Street SW
Rochester, MN 55905

January 30, 2012

Greetings,

On behalf of the Quality & Systems Engineering Organizing Committee, we are pleased to announce the ***Mayo Clinic Quality & Systems Engineering Conference*** continuing education course to be held May 14-16, 2012 at the Mayo Civic Center in Rochester, Minnesota. Health care professionals from across Mayo Clinic and the nation are invited to attend. The primary audience for this conference includes physicians, administrators, managers, allied health providers, healthcare systems engineers, operations research professionals, and academics. The Mayo Clinic Quality Academy Conference typically attracts 750 – 1000 participants on an annual basis.

Improving health care quality and patient safety is a top priority in health care today. Our ***Annual Mayo Clinic Quality & Systems Engineering conference***will provide participants with the latest information from local and national leaders in health care quality improvement initiatives. These best practices can be implemented in any clinical practice setting, and will ultimately lead to greater efficiencies and improved care for patients.

The status quo in health care is not acceptable - every American deserves high-quality, efficient, accessible, patient-centered care and there are significant opportunities for improvement that don't require government action. Quality leaders are working to integrate human factors, quality improvement, teamwork, professionalism, and patient-centered care into the clinical practice. Yet traditionally, caregivers have not been trained in the effective use of these techniques. This course offers an excellent opportunity for education, collaboration, and modeling of systems engineering techniques such as LEAN and Six Sigma. In addition, Human Factors tools such as systems, process, and workflow. Further information can be obtained on our course web site: http://www.mayo.edu/cme/quality-2012r625

We recognize that these types of educational programs would not be possible without solid industry support and participation. We would like to invite you to participate in the *Annual Mayo Clinic Quality & Systems Engineering Conference* by exhibiting onsite with a contribution of $1500.00.

In the event you decide to participate in this educational conference, please complete and return the provided Written Agreement for Commercial Support Form (this 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. Please let me know your plans as soon as possible.

We look forward to the success of this conference and hope you will be able to join us in Rochester this coming May. In the meantime, we look forward to hearing from you!

Very Sincerely,

Lisa A. Winter
CME Specialist
College of Medicine Mayo Clinic
School of Continuous Professional Development
Plummer Building 2-60
200 1st Street
Rochester, MN 55905
Winter.lisa@mayo.edu

MAYO CLINIC

Mayo School of Continuing Medical Education

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title Mayo Clinic Quality & Systems Engineering Conference
Location Mayo Civic Center, Rochester, MN Date(s) May 14–16, 2012

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

The named EXHIBITOR wishes to exhibit at the above named activity for the amount of $1500.00

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 CME. Please identify name of course on the check stub.

AGREED

EXHIBITOR Representative: _____ _____
(Name) (Signature)

PROVIDER Representative: Barbara Porter _____
(Name) (Signature)
200 First Street SW
Rochester, MN 55905
Telephone: 507-284-8214 Fax: 507-538-7234

Mayo Clinic Quality & Systems Engineering Conference
May 14 – 16, 2012
The Mayo Civic Center
Rochester, MN

Exhibitor Registration Form

Company Name:_____

Mailing Address:_____

City/State/ZipCode:_____

Name of Representative In charge of exhibit: *(Please type or print name exactly as you want it to appear on the name tag)* _____

Mailing Address: _____

City/State/Zip Code: _____

Business Telephone: _____

Fax Number: _____

E-mail address: _____

Other Representatives: _____

Names & Mailing Addresses: _____

_____

Our company will: *(please check the appropriate box)*

☐ Pay a display fee of $_____ to exhibit our products/services at this course.

☐ Not be able to participate in this educational opportunity at this time. Please keep my name and company's address on file for future opportunities.

Display Information:

Does your display require:

- An 8' table for display? ☐ Yes ☐ No If so, how many? _____
- Electricity (220-volt power outlet)? ☐ Yes ☐ No If so, how many? _____
- Electricity (110-volt power outlet)? ☐ Yes ☐ No If so, how many? _____
- Additional special equipment or requests? Please identify: _____ _____ _____

Complete and return this form by **April 13, 2012** to:

Lisa Winter
Winter.lisa@mayo.edu
Mayo School of Continuing Medical Education
Plummer 2-60
200 First Street SW
Rochester, Minnesota 55905
Fax: (507) 538-7234