MAYO CLINIC

On behalf of course directors Drs. Darrell S. Pardi, Shabana F. Pasha, Massimo Raimondo, and Mayo Clinic School of Continuous Professional Development, we are pleased to announce our upcoming "2012 Gastroenterology and Hepatology" course to be held March 1 – 4, 2012 at the Hotel Del Coronado, Coronado, CA.

The "2012 Gastroenterology and Hepatology" course is an accredited program offering 23.75 *AMA PRA Category 1 Credits*™. We expect 250 – 300 participants to attend the course.

We believe the "2012 Gastroenterology and Hepatology" course will be an outstanding event providing substantial value to our colleagues. As you will note, this program covers a broad range of topics highlighting pathology, endoscopy, radiology and nutrition. We included the link to the course website for your review. You will find the full program, including agenda, presentation topics and faculty on the course website. Please click on the link below.

http://www.mayo.edu/cme/gastroenterology-2012R633

Mayo Clinic recognizes these types of educational programs would not be possible without your support. We invite you to participate in the "2012 Gastroenterology and Hepatology" with an exhibit in the amount of $3000.00.

In the event you decide to support 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. I can be contacted by telephone, 507-284-8214 (within Rochester, MN) or 1-800-323-2688 (outside of Rochester, MN).

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 Hotel Del Coronado in the Grand Hall Foyer on ***Wednesday, February 29, 2012 after 5pm***.

We look forward to the success of our 2012 "Gastroenterology and Hepatology "course and hope you will be able to join us in Coronado, CA this coming March. In the meantime, we look forward to hearing from you!

Sincerely,

Lisa A. Winter

Lisa A. Winter
CME Specialist
Mayo School of Continuous Professional Development
Plummer Building 2-60
200 First Street SW
Rochester, MN 55905
winter.lisa@mayo.edu

MAYO CLINIC

Mayo School of Continuous Professional Development

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: 2012 Gastroenterology & Hepatology
Location: Hotel del Coronado, Coronado, CA Date(s) March 1-4, 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 $3000.00

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: Peggy Paulson _____
(Name) (Signature)
200 First Street SW
Rochester, MN 55905
Telephone: 507-284-8214 Fax: 507-538-7234

MAYO CLINIC

2012 GI & HEP Course

March 1-4, 2012
Hotel Del Coronado
Coronado, CA

Exhibitor Registration Form

Company Name: _____

Mailing Address: _____

City/State/Zip Code: _____

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 Representative 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 **February 1, 2012** to:

Sierra Hovey
hovey.sierra@mayo.edu
Mayo School of Continuous Professional Development
Plummer 2-60
200 First Street SW
Rochester, Minnesota 55905
Fax: (507) 538-7234