MAYO CLINIC

October 9, 2013

On behalf of course directors, Andrew Herber, PA-C, James Newman, M.D., John Park, M.D., Vicki Loeslie, R.N, C.N.P., Marcia Britain, D.N.P., R.N., F.N.P.-BC and the Mayo School of Continuous Professional Development, we are inviting you to exhibit at our upcoming "Acute Care for the Complex Hospital Patient for Nurse Practitioners and Physician Assistants (NP/PAs)" continuing medical education course to be held February 20th through February 22, 2014, in Scottsdale, Arizona. This 2nd annual course is preceded by Critical Care, Infectious Disease, Palliative Care, and Suturing Skills workshops on the 19th. Last year's course had an incredible 340 persons registered.

The Acute Care for the Complex Hospitalized Patient for NP/PAs program focuses on acute care of the hospitalized patient in the inpatient setting and is applicable to internists, hospitalists, nurse practitioners, physician assistants and administrators from novice to experienced. The course covers everything from critical care, hospital general medicine, surgery, neurology, cardiology and medical specialties. Hospital care models are transforming and nurse practitioners and physician assistants play a vital role in the care delivery of hospitalized patients. This conference focuses on providing the most up-to-date and evidence-based guidelines and treatment pathways necessary to optimally care for hospitalized patients.

Additional information may be found at the course website at www.mayo.edu/cme. The fee to display at Acute Care for the Complex Hospital Patient for NP/PAs is $2,000.

We've attached Mayo's required **Exhibitor Agreement**. In order to be listed as an exhibitor at this course, this signed letter must be returned to us, along with your check, before course materials go to print by February 10, 2014. Retain one signed copy for your files and return the other along with payment (made payable to Mayo Clinic, Federal ID #41-6011702) before *February 10, 2013* to Kammi Englund, CME Assistant, Mayo School of Continuous Professional Development, Plummer Building 2-60, 200 1st Street SW, Rochester, MN 55905.

We look forward to your support. If you have any questions, or if there are "company-specific" forms that need to be completed, please contact, Vicki Meyer, by telephone at 507-266-7992 or via email at meyer.vicki@mayo.edu.

Thank you for your consideration and we look forward to a favorable reply.

Sincerely,

Vicki R. Meyer

Vicki R. Meyer
CME Specialist

Mayo School of Continuous Professional Development

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: Acute Care for the Complex Hospitalized Patient for NP/PAs
Location: Scottsdale Plaza Dates: February 20-22, 2014
Scottsdale, AZ

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 $2,000.

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: _____ _____
(Name) (Signature)
Mayo Clinic
Plummer 2-60
200 1 Street SW
Rochester, MN 55902

Please return to: Kammi Englund Fax: 507-538-7234

MAYO CLINIC

Acute Care for Complex Hospitalized Patients for NP/PAs

February 20-22, 2014
Scottsdale Plaza
Scottsdale, AZ

Exhibitor Registration Form

Company Name:

Mailing Address: _____

City/State/Zip Code: _____

Name of person in charge of exhibit: _____

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 $ 2,000 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 (110-volt power outlet)? ☐ Yes ☐ No If so, how many? _____
- Additional special equipment or requests? Please identify: _____
_____
_____

Complete and return this form by February 10, 2014 to:

Kammi Englund, CPD
Mayo School of Continuous Professional Development
Plummer 2-60
200 First Street SW
Rochester, Minnesota 55905
Fax: (507) 538-7234