June 3, 2013

Dear Potential Exhibitor,

On behalf of Mayo Clinic, Mayo School of Continuous Professional Development, and course directors, M. Molly McMahon, Manpreet S. Mundi, M.D. and Donald D. Hensrud, M.D., I am pleased to announce the **13th Annual Mayo Clinic Nutrition and Wellness in Health & Disease** medical education course which will be held **November 4-5, 2013** at **The Westin Michigan Avenue in Chicago, Illinois.**

Nutrition, physical activity and other healthy lifestyle behaviors are vital components in the promotion of health and in the treatment of disease. The 13th Annual Mayo Clinic Nutrition and Wellness in Health & Disease course will provide a full spectrum, in-depth overview of situations that clinicians encounter in the ambulatory setting including effective ways to provide nutrition counseling, obesity and obesity-associated medical conditions, and other common nutrition issues, in addition to physical activity and wellness. Current clinical topics will be highlighted through presentations, interactive case studies, and panel discussions.

The 2013 course is designed for physicians, advanced practice clinicians, dietitians, nurses, and health and wellness specialists. Each year we have experienced solid attendance and this year we project attendance levels near 200. The faculty will be selected from Mayo Clinic for their expertise, knowledge, and clinical acumen.

We would like to offer you an opportunity to display your company's products/services at this event. The exhibit fee is $2,000.00. With this exhibit fee, we will provide a 6 foot draped table for a display and appropriately recognize your participation to attendees. The display space is available for the entire duration of the course (2-days). Exhibit space is limited and will be accommodated on a first-come, first-serve basis.

If you are interested in exhibiting at this course, please complete the enclosed exhibit letter of agreement and registration form, include payment (made payable to: Mayo Clinic, Federal Tax Identification #41-6011702), and fax to 507-284-5370 or send to Shannon Wiebold, Mayo School of Continuous Professional Development, Mayo Building 17-56E, 200 First St SW, Rochester, MN 55905. **Please return the completed application form before October 1, 2013.** If you have any questions, please do not hesitate to contact us.

We look forward to your participation. If you have any questions or your company requires completion of a web-based application, please contact me by telephone at (507) 293-2103, or via e-mail, Wiebold.shannon@mayo.edu.

Sincerely,

Shannon Wiebold
Education Administration Coordinator

Enclosures

Mayo Clinic

13th Annual Nutrition and Wellness in Health & Disease

November 4-5, 2013
The Westin Michigan Avenue
Chicago, IL

Exhibitor Registration Form

Please indicate your interest in exhibiting at the **13th Annual Nutrition and Wellness in Health & Disease** by completing and returning this application. Space is limited; early registration is advised.

Selected exhibitors must submit full payment before October 1, 2013 to have a booth reserved.
Display Fee: $2,000.00.
Please make the check payable to Mayo Clinic, Federal ID # 41-6011702

Company Name: _____

Company Representative(s) Name: _____

Title: _____

E-mail address: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

The undersigned understands that the application to exhibit does not insure exhibit space for either session, and selection of companies to exhibit will be made by the Clinical Reviews Planning Committee.

_____ _____
(Signature) (Title)

Please return the completed application to:

Shannon Wiebold
Mayo School of Continuous Professional Development
Mayo Building 17-56E
200 First St SW
Rochester, MN 55905
Fax: 507-284-5370
If you have questions, please call 507-293-2103 or email wiebold.shannon@mayo.edu

Mayo School of Continuous Professional Development

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: 13th Annual Nutrition and Wellness in Health & Disease
Location: The Westin Michigan Avenue, Chicago, IL Dates: November 4-5, 2013

Agreement between: ACCREDITED PROVIDER (PROVIDER):
College of Medicine, Mayo Clinic – 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 $2,000.00

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 St, Mayo 17-56E
Rochester, MN 55905
Telephone: 507-293-2103 Fax: 507-284-5370