MAYO CLINIC

200 First Street Southwest Rochester, Minnesota 55905 Telephone 507-266-0677

Exhibitor Request

Challenges in Clinical Cardiology: A Case-Based Approach
October 4 – 6, 2013

We are announcing the 3rd Annual ***Challenges in Clinical Cardiology: A Case-Based Approach*** continuing medical education course at the Swissotel Chicago to be held October 4 – 6, 2013. Last year, this popular conference attracted over 200 clinician attendees nationally and internationally. This annual course is designed to provide a continuing case-based update on the diagnosis and treatment of commonly encountered cardiovascular conditions. Expert faculty will focus on challenging aspects of coronary artery disease, atrial fibrillation, congestive heart failure, valvular heart disease, congenital heart disease, pulmonary hypertension, obstructive sleep apnea, and preventive cardiology. The case-based review will address the relevant guidelines and latest treatment options for patients with these conditions.

The exhibit fee of $2,000 includes an 8 ft. exhibit table for the duration of the course (3 days). Exhibit space will be accommodated on a first-come, first-serve basis; please reserve your space early to avoid disappointment. In order to be listed as an exhibitor, your check and agreement, payable to Mayo Clinic, Federal ID# 41-6011702, needs to be received by September 13, 2013. Exhibits will be located near the food and beverage for attendees to easily browse through the exhibit booths. Payment is for exhibit opportunity only.

To participate in this program, please complete/sign the Exhibitor Agreement and Exhibitor Registration Form. The funds (made payable to Mayo Clinic, Federal ID #41-6011702) may be received no later than **October 1, 2013**. Please return your completed/signed Agreement and Registration Form to the meeting coordinator, Ms. Deborah Feils, at the address/fax listed below:

Mayo Clinic
ATTN: Deborah Feils
200 1st Street SW – Gonda 6-472
Rochester, MN 55905
Fax: 507.538.0146 Email: feils.deborah@mayo.edu

Thank you in advance for your continued support of the Mayo Clinic Division of Cardiology as well as Mayo Clinic School of Continuous Professional Development.

Sincerely,

Charles J. Bruce, M.D.
Course Director

Heidi M. Connolly, M.D.
Course Director

MAYO CLINIC

Division of Cardiovascular Diseases, Continuing Medical Education
Challenges in Clinical Cardiology A Case-Based Approach
October 4-6, 2013

Exhibitor Registration Form

Please indicate your interest in exhibiting at the Challenges in Clinical Cardiology A Case-Based Approached CME course by returning this application. Only those who return the Written Agreement for Commercial Support and send full payment by September 13, 2013, will have space arranged for in the exhibit area.

Company Name: _____

Mailing Address: _____

_____

City/State/Zip Code: _____

Representative
In charge of exhibit: _____

Mailing Address: _____

_____

City/State/Zip Code: _____

Business Telephone: _____ **Fax:** _____

E-mail address: _____

Other Representative Names: _____

_____

_____

Please provide a listing of products or services your company provides:

_____

_____

Our company will: (check appropriate box -- double click shaded box for check option)

☐ Exhibit our products/services at this conference and provide an exhibit fee of $2,000.
☐ 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 _____
- Electricity (power outlet) needed? ☐ Yes ☐ No If so, how many? _____
  Number of Volts? _____ Amps? _____
- Additional special equipment or requests? (Please identify) _____

Please complete and return by mail or fax (507-538-0146) this form by September 13, 2013. Your signed letter of agreement and check payable to Mayo Clinic, Federal ID# 41-6011702 should be received by October 1, 2013 to:

Attn: Deb Feils
Mayo School of Continuous Professional Development
200 First Street SW, Gonda 6-472
Rochester, Minnesota 55905

Mayo School of Continuous Professional Development (MSCPD)

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: Challenges in Clinical Cardiology: A Case-Based Approach
Location: Swissotel, Chicago, Illinois Date(s): October 4-6, 2013

Agreement between: ACCREDITED 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 course listed above in 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. Please identify name of course on the check stub and send to address identified below.

AGREED

EXHIBITOR Representative: _____ _____
(Name) (Signature)

PROVIDER Representative: Teresa Atkinson, CME Specialist
(Name) (Signature)

Send to: Deb Feils
Mayo Clinic, Mayo School of Continuous Professional Development
200 First Street SW
Gonda 6-472
Rochester, Minnesota 55905
Telephone: 507-266-0677 Fax: 507-538-0146