MAYO CLINIC

March 12, 2014

Greetings,

On behalf of course directors Drs. Stephen C. Hauser, Amy S. Oxentenko, William Sanchez, and Mayo Clinic School of Continuous Professional Development, we are pleased to announce our upcoming 2014 Gastroenterology and Hepatology Board Review course to be held September 4-7, 2014 at the Westin Chicago River North Hotel in Chicago, IL.

We believe this Board Review 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, nutrition and transplantation. We included the link to the course website for your review. You will find additional course details on the course website: http://www.mayo.edu/cme/ghbr2014.

Mayo Clinic recognizes these types of educational programs would not be possible without your support. We invite you to participate in these educational activities with an exhibit in the amount of $3,000.00.

If you are interested in participating in our course, please complete and return the provided Exhibitor Agreement form and payment before ***August 15, 2014***. This agreement 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.

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 Westin Chicago River North in the Grand Court on Wednesday, September 3, 2014 after 3 PM.

Exhibitors are welcome to confirm hotel reservations utilizing our special group rate at the Westin Chicago River North hotel. In order to receive the special rate, ***reservations must be made before the room block is filled or before the expiration date of August 8, 2014, whichever comes first.***

We look forward to the success of our 2014 Gastroenterology and Hepatology Board Review course and hope you will be able to join us in Chicago, IL this coming September. If you have any questions or your company requires completion of a web-based application, please feel free to contact me.

Sincerely,

Shannon M. Halvorson
Education Administration Coordinator
Mayo School of Continuous Professional Development
Mayo Building, 17-56E
200 First Street SW
Rochester, MN 55905
halvorson.shannon@mayo.edu
Phone: 507-293-2103
Fax: 507-284-5370

Mayo School of Continuous Professional Development (MSCPD)

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: **2014 Gastroenterology & Hepatology Board Review** Activity Number: **2014R093**

Location: **Westin Chicago River North, Chicago, IL** Date(s): **September 4-7, 2014**

Agreement between: ACCREDITED PROVIDER (PROVIDER):
Mayo Clinic College of Medicine – Mayo School of CPD
AND

Name of Commercial Company (EXHIBITOR): _____
(as it should appear on printed materials)

Name of Person Exhibiting:_____

Address: _____

Telephone: _____ Fax: _____ Email: _____

The named EXHIBITOR wishes to exhibit at the above named activity for the amount of **$3,000.00**

Payment Information

Please complete credit card information or indicate if mailing a check:

☐ Visa ☐ Master Card ☐ Discover

Card # _____ Exp. _____

Name on Credit Card: _____ Date:_____

Address of Cardholder: _____
(if different from above address)

City: _____ State: ____ Zip _____

Phone #: ___ ___ ____ Email: _____

Federal Tax ID number is 41-6011702

☐ **Check**
Make check payable to **Mayo Clinic** and remit to: Mayo School of Continuous Professional Development
Attn: Shannon Halvorson
Plummer 2-60
200 First Street SW
Rochester, MN 55905
(Identify **"GI/HEP Board Review"** on check)

☐ **Electronic Transfer**
$25 fee

Please contact CME office for account information.

By signing below, I agree to the "Terms and Conditions" outlined on Page 2 of this Exhibitor Agreement (including ACCME Standards for Commercial Support):

EXHIBITOR Representative: _____
(I understand and agree that typing my name above is the electronic equivalent of a written signature) (Date)

PROVIDER Representative: _____ _____
(Signature) (Date)

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 not distribute promotional materials. 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 course name on the check stub.

Please fax completed Exhibitor Agreement to: (507) 538-7234