MAYO CLINIC

Exhibitor Request

Dear Potential Exhibitor,

We would like to provide an opportunity for your company to exhibit at the *Pain Medicine for the Non-Pain Specialist* conference to be held at the Marriott in Marco Island, Florida, March 20-22, 2014.

The Pain Medicine course was developed because there is an increasing need for primary care physicians to have more understanding of pain management, to be able to work in collaboration with pain management specialists and better understand how, when, and why to refer their patients for specialized pain care. This course will provide an update on critical issues in the management of chronic pain to address the national and international movement toward improved pain control in chronic non-cancer and cancer pain. This course will feature the following three optional sessions: Hands-on Injection Workshop, ABFM- Self-Assessment Module (SAM) – Pain Management, and a Physical Exam Workshop. The anticipated audience for this educational program is expected to exceed 200 attendees. For more information about the course, please view our course website (http://www.mayo.edu/cme/pain2014).

The College of Medicine, Mayo Clinic, accredited by the Accreditation Council for Continuing Medical Education, has designated this educational activity for a maximum of 26 *AMA PRA Category 1 Credits(s)*™.

The fee to exhibit at this course is **$2000**. If you are interested in exhibiting, please complete the *Exhibitor Registration Form* and *Exhibitor Agreement* that are enclosed within this document. Please contact Kammi Englund (englund.kammi@mayo.edu) or call her at 507-266-3323 if you have any questions.

Thank you in advance for your continued support!

Sincerely,

Jason S. Eldrige, M.D.
Susan M. Moeschler, M.D.
Course Directors

MAYO CLINIC

Mayo School of Continuous Professional Development
Pain Medicine for the Non-Pain Specialist
March 20-22, 2014

Exhibitor Registration Form

(Please print/type information exactly as you want it to appear on the nametag)

Company Name: _____

Primary Exhibitor Representative Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Telephone Number: _____

Fax Number: _____

E-mail address: _____

Secondary Exhibitor Representative Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Telephone Number: _____

Fax Number: _____

E-mail address: _____

Display Information:

- One 6 foot, skirted/draped table will be provided for your exhibit *(a maximum of two representatives are allowed per exhibit)*.
- Please list additional requests here: _____

_____

_____

Complete and return this form along with your payment
(payable to Mayo Clinic Federal ID# 41-6011702) to:

Kammi Englund, Mayo School of CPD
Plummer 2-60 - 200 First Street SW, Rochester, MN 55905
Telephone: 507-266-3323 * FAX: 507-538-7234
E-mail: englund.kammi@mayo.edu

MAYO CLINIC

Mayo School of Continuous Professional Development

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: Pain Medicine for the Non-Pain Specialist
Location Marriott, Marco Island, FL Date(s) _March 20-22, 2014

Agreement between: ACCREDITED PROVIDER (PROVIDER):
Mayo Clinic – Mayo School of CME
AND
EXHIBITOR: _____
Telephone _____ Fax_____ Email_____

The named EXHIBITOR wishes to exhibit at the above named activity for the amount of $_2000__.

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 drugs 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 booth space and to 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.

AGREED

EXHIBITOR Representative: _____ _____
(Name) (Signature)

PROVIDER Representative: Elizabeth Koehnen _____
(Name) (Signature)
Plummer 2-60
200 First Street SW
Rochester, MN 55905