MAYO CLINIC

On behalf of course director, Charles W. Beatty, M.D. and the Mayo School of Continuous Professional Development, we are inviting your company to exhibit at our upcoming "ENT for the Primary Care Provider" continuing medical education course to be held April 11, 2014, in Rochester, Minnesota.

This accredited program is designed for primary care providers, internal medicine and pediatric practicing clinicians as well as residents and mid-level providers. This course is comprised of lectures and lab time designed to give participants hands-on experience in BPPV. We expect 125 participants to attend the course. The course website is located at http://www.mayo.edu/cme/family-medicine-2014R392 for additional information.

The fee to display at ENT for the Primary Care Provider is $750.

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 March 11, 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 *March 11, 2014* 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, Kami Englund, by telephone at 507-266-3323 or via email at Englund.kammi@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 CLINIC

Mayo School of Continuous Professional Development

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title ENT for the Primary Care Provider
Location Siebens Medical Education Building, Mayo Clinic Date(s) April 11, 2014

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 $750

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 1st Street SW
Rochester, MN 55905

Please return to: Kammi Englund at Englund.kammi@mayo.edu or at Fax: 507-538-7234

Mayo School of Continuing Medical Education

ENT for the Primary Care Provider

April 11, 2014
Mayo Clinic, Siebens Medical Education Building
Rochester, MN

Exhibitor Registration Form

Company Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Name of Representative In charge of exhibit: *(Please type or print name exactly as you want it to appear on the name tag)* _____

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 $_750_____ 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 April 1, 2014 to:

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