MAYO CLINIC

Greetings,

On behalf of Mayo School of Continuous Professional Development, we are pleased to announce Mayo Clinic's upcoming CME Course, ***Advanced Techniques in Shoulder Arthroscopy, Arthroplasty & Fractures.*** This course will be held May 2-3, 2014, at the Mayo Clinic in Rochester, Minnesota. In the letter below, you will find important information regarding exhibiting at the course.

PROGRAM OVERVIEW

Advanced Techniques in Shoulder, Arthroscopy, Arthroplasty and Fractures is an intensive, hands-on skills course for orthopedic surgeons treating disorders of the shoulder. The course will focus on the new techniques and technology which have recently been developed for the shoulder. Laboratory experience using cadaver specimens complimented by didactic lectures provide a comprehensive approach to the course material. In addition, live video demonstrations and panel discussions will be used to further enhance this learning experience.

COURSE HIGHLIGHTS

Content will focus on:

- Arthritis
- Advances in new surgical techniques and technology
- Arthroscopy
- Arthroplasty
- Reverse shoulder arthroplasty
- Minimally invasive repair of rotator cuff pathology
- Techniques for addressing shoulder instability
- Fracture
- New open and minimally invasive techniques for fracture reduction and fixation

Exhibit Opportunity

At this time, we would like to invite you to exhibit at the course. Exhibit space will be limited. Contact with course attendees will be available during the conference reception on May 2, 2014, for approximately two hours. Attached you will find an outline of the program schedule. If you are interested in exhibiting at this time, please complete and return the attached exhibitor registration and letter of agreement to Kammi Englund (englund.kammi@mayo.edu or fax 507-538-7234).

We look forward to your support and participation. If you have any questions, please contact Vicki Meyer by telephone at (507) 266-7992 or via e-mail at meyer.vicki@mayo.edu.

Thank you for your consideration and we look forward to a favorable reply.

Sincerely,

Scott P. Steinmann, M.D.

MAYO CLINIC

Mayo School of Continuous Professional Development

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: ***Advanced Techniques in Shoulder Arthroscopy, Arthroplasty & Fractures***

Location: **Mayo Clinic** Date(s): **May 2-3, 2014**
Rochester, Minnesota

Agreement between: ACCREDITED PROVIDER (PROVIDER):
Mayo Clinic - Mayo School of Continuous Professional Development
AND
Commercial Company (EXHIBITOR): _____
Address: _____
Telephone _____ Fax _____
Email _____

The named EXHIBITOR wishes to exhibit at the above named activity for the amount of ***$ 1000__***.

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:

_____ _____

Mayo School of CPD (Signature)
200 First Street SW
Rochester, MN 55901
Telephone: 507-266-7992
Fax: 507-538-7234

MAYO CLINIC

Shoulder Arthroscopy, Arthroplasty & Fractures
May 2-3, 2014
Mayo Clinic
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 $_1,000_____ 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 to:

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