MAYO CLINIC

School of Continuous Professional Development
200 First Street SW
Rochester, MN 55905

Dear Representative:

On behalf of Mayo Clinic and Mayo School of Continuous Professional Development, we would like to invite you to exhibit at the upcoming Mayo Clinic Symposium on Anesthesia and Perioperative Medicine course. The course is February 12 – 15, 2014 at the Westin Kierland, Scottsdale, AZ. We expect approximately 120 practicing anesthesiologists, anesthesia technicians, nurse anesthetists, and anesthesia assistants to attend. We anticipate great interest from commercial companies with products and services which will be of interest to our attendees.

As you can see from the program schedule on the course website http://www.mayo.edu/cme/anesthesiology-2014r359 we have developed an outstanding course format featuring lectures, interactive audience response system, and afternoon hands-on workshops or Masters Classes. Our collaborative effort is based upon a physician and education planning committee review of several needs assessments compiled from anesthesia professionals, as well as information provided by industry journals. This CME program is designed to provide new knowledge, assist in the acquisition and maintenance of professional skills, and encourage and facilitate scholarly development of physicians. We expect approximately 120 practicing anesthesiologists, anesthesia technicians, nurse anesthetists, and anesthesia assistants from across the country.

Mayo Clinic, an integrated, not-for-profit group practice, is committed to meeting its responsibility as a national medical education resource and is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians (AMA). A*MA PRA Category 1 Credits*™, American Academy of Nurse Anesthetists (AANA), and American Osteopathy Academy (AOA) Category 2-A credits are offered.

As course co-directors, we are inviting you to exhibit at this meeting for a fee of $2,000. If you are interested in exhibiting or would like additional details about this program, please contact Julie Reed, CME Specialist, by e-mailing reed.julie1@mayo.edu or calling 507-266-2821.

Please return a signed letter of agreement (LOA) to confirm your participation by January 7, 2014. Payment may be completed by sending your check, made payable to Mayo Clinic, to ATTN: Julie Reed – Plummer 2-60, 200 First St SW, Rochester, MN, 55905. Please denote project number 2013R823 on your correspondence. The Mayo Clinic tax ID number is 41-6011702.

Sincerely,

Sorin J. Brull, MD
Anesthesia Division
Mayo Clinic Florida

Daniel R. Brown, MD, PhD
Anesthesia Division
Mayo Clinic Minnesota

James R. Hebl, MD
Anesthesia Department
Mayo Clinic Minnesota

Adam K. Jacob, MD
Anesthesia Division
Mayo Clinic Minnesota

Harish Ramakrishna, MD
Anesthesia Division
Mayo Clinic Arizona

MAYO CLINIC

Mayo School of Continuous Professional Development (MSCPD)

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: Symposium on Anesthesia and Perioperative Medicine Activity Number: 2014R359

Location: Westin Kierland, Scottsdale, Arizona Date(s) February 12 – 15, 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 $_____

Payment Information

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

☐ Visa ☐ Master Card ☐ Discover

Please do not send credit card information via email or postal mail; instead fax to our secure fax: 507-284-0532

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:Cathy Schilling
Plummer 2-60
200 First Street SW
Rochester, MN 55905

(Identify **course name** on check :
Anesthesia & Perioperative Medicine – 2014R359)

☐ **Electronic Transfer**

$25 fee

Please contact CME office for account information.

Exhibitor Agreement – Page 2

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

MAYO CLINIC

Mayo Clinic
Symposium on Anesthesia and Perioperative Medicine
February 12 – 15, 2014
Westin Kierland ● Scottsdale, AZ
Exhibit Representative 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: _____

2nd Representative: _____

Email Address: _____

Display Information:
A 6' table will be provided for your exhibit ***(a maximum of two representatives are allowed per exhibit)***.

Please list additional requests here (i.e. power): _____

Complete and return this form **by January 31, 2014** to:

Cathy Schilling, CME Specialist Assistant – schilling.catherine@mayo.edu
Mayo School of Continuous Professional Development
Plummer 2-60
200 First Street SW
Rochester, Minnesota 55905
Fax: (507) 538-7234