MAYO CLINIC

13400 East Shea Boulevard
Scottsdale, Arizona 85259
480-301-4580

April 15, 2014

Dear Representative,

I am writing on behalf of Mayo Clinic Department of Cardiology and Mayo School of Continuous Professional Development to request your consideration to exhibit at the **Cardiology Update 2014: The Heart of the Matter** course, being held at the Enchantment Resort in Sedona, Arizona on **July 31 - August 3, 2014**.

We expect approximately 100 practicing adult cardiologists, cardiovascular surgeons, cardiovascular trainees, general internists, family medicine specialist's, physician assistants, nurse practitioners, and nurses with a cardiovascular interest.

A wide spectrum of topics in **CHF/heart transplant, coronary artery diseases, cardiac arrhythmias, preventive cardiology and valvular heart disease** among others will be offered. In keeping pace with current demands, two ABIM modules on CV diseases and an ABFM Cardiology Self-Assessment Module will be offered for purposes of maintenance of certification.

The exhibit fee is **$2,500**. Space is limited; early registration is encouraged. To maintain a clear separation of promotion from education, all exhibits will be held in a different room/location than where the general sessions are held. Exhibits are open from registration until the conclusion of the final lecture on the last day. Exhibit fee will include a 6' skirted table for a table top display; attendee list including name, degree, city, state to be distributed at the course; and acknowledgement with signage and announcements during the course.

If you will participate, please complete the attached exhibitor agreement and return it with your payment (made payable to Mayo Clinic Arizona) to Mayo School of Continuous Professional Development, Attn: Julie A. Ewald, 13400 East Shea Boulevard, Scottsdale, AZ 85259. Please denote course activity #**2014S399** on all correspondence. Mayo Clinic's Tax ID number is 86-0800150; our W-9 form is attached for your convenience.

On behalf of Mayo Clinic Division of Cardiology, we sincerely appreciate your consideration of this request and hope you will join us in Sedona, Arizona July 31 – August 3, 2014.

Sincerely,

Luis R. Scott, MD, Course Director
Mayo Clinic Cardiovascular Diseases

Hari P. Chaliki, MD, Course Director
Mayo Clinic Cardiovascular Diseases

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Mayo School of Continuous Professional Development (MSCPD)

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: **Mayo Clinic Cardiology Update 2014: The Heart of the Matter** Activity Number: 2014S399

Location: Enchantment Resort, Sedona, AZ Dates: July 31 -August 3, 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 **$2,500**

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 86-0800150

☐ **Check**

Make check payable to **Mayo Clinic Arizona** and remit:

Mayo School of Continuous Professional Development
Attn: Julie A. Ewald
13400 East Shea Blvd.
Scottsdale, AZ 85259

(Identify activity number on check 2014S399)

☐ **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: _____ _____
Julie A. Ewald, Assistant CME Planner (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 (pens, pads, etc). 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. No Refunds.
- 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 86-0800150**.
  Please remit check payable to: **Mayo Clinic Arizona.** Please identify name of activity on the check stub.

Please fax completed Exhibitor Agreement to: (480) 301-9161
Return via *fax only*

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Mayo Clinic Arizona

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☑ Other (see instructions) ▶ 501 (c) (3) tax-exempt nonprofit

Exemptions (see instructions):
Exempt payee code (if any) 1
Exemption from FATCA reporting code (if any) A

Address (number, street, and apt. or suite no.)
13400 East Shea Boulevard

Requester's name and address (optional)

City, state, and ZIP code
Scottsdale, AZ 85259

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

Employer identification number
8 6 - 0 8 0 0 1 5 0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here **Signature of U.S. person ▶** Chris [illegible] **Date ▶** 12/9/13

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.