MAYO CLINIC

Exhibit Invitation

Greetings,

On behalf of Mayo School of Continuous Professional Development, we are pleased to announce the ***9th Annual Mayo Clinic Spine Center: Medical and Surgical Spine Course.*** This course will be held January 16-17, 2015, at the Mayo Clinic Education Center in Phoenix, Arizona. We will also have optional pre-course sessions offered on January 15, 2015. Mayo Clinic recognizes this type of educational program would not be possible without your company's support. At this time, we invite you to register to exhibit at this course.

The 9th Annual Mayo Clinic Spine Center: Medical and Surgical Spine Course covers current and emerging spine topics driving national change in the quality and delivery of care. Participants from all training backgrounds will learn new skills to survive in the spine care environment of the near future. A unique split curriculum for both non-operative and procedural specialists delivers Mayo-quality updates via didactics, case presentations, a hands-on examination skills lab, a US-guided injection skills lab and surgical skills lab. Overall, the course provides a rewarding clinical experience for all spine care practitioners, including spine surgeons, medical specialists, primary care providers and family medicine providers, as well as physical therapists, clinical nurse practitioners and physician assistants. We are anticipating 100 attendees to attend this course.

Exhibit space will be available for $2,500. Exhibit space will be very limited at this course and we highly encourage you to register early. If you have any questions, please contact Sierra Tollefson by telephone at (507) 266-0425 or via e-mail at tollefson.sierra@mayo.edu.

Sincerely,

Paul M. Huddleston, M.D.
Randy A. Shelerud, M.D.
Course Chairmen

MAYO CLINIC

Mayo School of Continuous Professional Development
9th Annual Mayo Clinic Spine Center:
Medical and Surgical Spine Course
January 15-17, 2015
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:
Linda Gochnauer, Mayo School of CPD
Plummer 2-60 - 200 First Street SW, Rochester, MN 55905
Telephone: 507-266-3323 * FAX: 507-538-7234
E-mail: gochnauer.linda@mayo.edu

MAYO CLINIC

Mayo School of Continuous Professional Development

Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: 9th Annual Mayo Clinic Spine Center: Medical and Surgical Spine Course
Location Mayo Clinic Education Center, Phoenix, AZ Date(s) January 15-17, 2015

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 $ 2500 .

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: Lindsey Haagensen _____
(Name) (Signature)
Plummer 2-60
200 First Street SW
Rochester, MN 55905