



Dear Healthcare Education Supporter,

On behalf of the Mayo School of Continuous Professional Development, previously the Mayo School of Continuing Medical Education, I am pleased to announce our "**Echocardiographic Symposium in Vail**" course which will be held July 22-25, 2019 at the Marriott in Vail, Colorado. This conference is specifically designed for adult and congenital cardiovascular specialists, internists, anesthesiologists, critical care physicians, surgeons, and sonographers interested in the clinical application of echocardiography.

This symposium is a comprehensive review of state-of-the-art echocardiography, cardiac CT, and MRI for a wide variety of cardiovascular disorders. We will emphasize new technologies and how to use imaging information for the care of your patients. Integration of Echo, CT, and MRI and their incremental value in clinical cardiology will be highlighted. An additional focus will be on the role of 2-D and 3-D echocardiography in guiding interventional therapies.

Unique to this course is live scanning of patients with various CV disorders. This session will emphasize the importance of comprehensive echocardiographic acquisition and management decision based on echocardiographic data.

Upon completion of this program, attendees should be able to:

- Describe applications of echocardiography, cardiac CT, and MRI to clinical decision-making
- Integrate Doppler, 2-D, 3-D echocardiography for management of patients with valvular heart disease
- Describe how to apply information from Doppler, 2-D, and strain imaging to management of patients with cardiomyopathy and heart failure patients including heart failure with preserved EF
- Integrate information from cardiac CT and MRI to compliment echocardiography evaluation of patients with valvular disease, cardiomyopathy, and heart failure
- Apply information from echo/Doppler, cardiac CT, and MRI to management of patients with congenital heart disease
- Describe how to critically appraise imaging data for use in case-based management

We would like to encourage your support for an exhibit in the amount of \$2,000. Funds will be used towards the exhibit space which will include 10x10 space, acknowledgement on signage and on-line syllabus. Along with the signed letter of agreement, checks can be made payable to **Mayo Clinic** (Federal ID #41-6011702) and mailed to the attention of: Sheila Fick, 200 First St. SW/GO6-138, Rochester, MN 55905.

If you have any questions about our program or need additional information, please do not hesitate to contact me at 507-284-0536 or e-mail: [fick.sheila@mayo.edu](mailto:fick.sheila@mayo.edu)

Sincerely,

A handwritten signature in black ink that reads 'Sheila Fick'.

Sheila Fick  
Department of Cardiovascular Diseases  
Mayo Clinic



# Mayo School of Continuous Professional Development (MSCPD)

## Exhibitor Agreement

Activity Title	Echocardiographic Symposium at Vail
Activity Number	19R05903
Location	Vail, CO
Dates	July 22-25, 2019

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine – MSCPD AND:

Company Name (Exhibitor) (as it should appear on printed materials)	
Exhibit Contact (if different then exhibit Rep.)	
Name(s) of Representative(s) exhibiting: (Maximum of two representatives allowed per exhibit)	
Address	
Telephone	
Fax	
Email	
The named exhibitor wishes to exhibit at the above named activity for the amount of	\$2000.00

### TERMS AND CONDITIONS

- EXHIBITOR agrees to abide by ACCME Standards for Commercial Support as stated at [www.accme.org](http://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." "For 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 place of the CME activity.**"
- EXHIBITOR may only distribute educational promotional materials at their exhibit space. Distribution of non-educational items (pens, notepads, etc.), pharmaceuticals or product samples is prohibited.
- All exhibit fees 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 provider, 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.

**By signing below, I agree to the "Terms and Conditions" outlined on Page 1 of this Exhibitor Agreement (including ACCME Standards for Commercial Support):**

The person signing below is authorized to enter into this agreement:

Exhibitor Representative Name	Signature	Date
Mayo Clinic Representative Name	Signature	Date
Sheila Fick		

**PAYMENT INFORMATION**  
Please indicate your method of payment:

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.

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card or Wire Transfer
Make payable to: Mayo Clinic ATT: Sheila Fick 200 First St SW/GO6-138 Rochester, MN 55905  Please identify <b>Vail Summer</b> on the check.	For payment by credit card or wire transfer, please call 507-266-6703.  <i>Do not send credit card information via email or fax.</i>

**NOTE:** There may be additional charges depending on the meeting location (power, internet access, etc).  
*Please list additional requests here:*

Complete and return this form along with your payment made to Mayo Clinic,  
Federal Tax ID# 41-6011702 to:

Mayo Clinic  
ATT: Sheila Fick  
200 First St SW/GO6-138  
Rochester, MN 55905  
T: 507-284-0536 E: fick.sheila@mayo.edu