



Dear Potential Exhibitor:

On behalf of Course Directors, Doctors Patrick O'Leary, Frank Cetta, Crystal Bonnicksen, Yasir Qureshi, and the Department of Cardiology, I am inviting you to exhibit at the 37<sup>th</sup> Annual Symposium on Echocardiography in Pediatric and Adult Congenital Heart Disease course October 21-23, 2022 the Omni Rancho Las Palmas in Rancho Mirage, CA

The symposium will highlight the use of echocardiography and other cardiac imaging techniques to recognize, understand, and manage patients with congenital heart disease using a case-based format. This three-day symposium is designed to provide a deeper understanding of the anatomy, clinical aspects, imaging, and management of patients with congenital heart disease. We anticipate approximately 100 attendees.

An exhibit fee of \$2,500 is requested. Funds will be used towards the exhibit space which will include 10x10 space, acknowledgement on signage and on-line syllabus. If you are interested in exhibiting, please complete and return the attached *Written Exhibit Agreement*. Checks can be made payable to Mayo Clinic (Federal ID #41-6011702) and sent to the attention of Sheila Fick, Mayo Clinic, 200 First Street SW/SN 03-302CE, Rochester, MN 55905.

- Credit Card or Check payable to: **Mayo Clinic (Reference CHD)**
- Tax ID: **41-6011702**
- Mail this payment to: **Mayo Clinic  
ATTN: Sheila Fick  
200 1<sup>st</sup> Street SW/SN 03-302CE  
Rochester, MN 55905**

Please e-mail the attached Letter of Agreement to Sheila Fick at [fick.sheila@mayo.edu](mailto:fick.sheila@mayo.edu). Once we receive your confirmation, we will forward instructions for uploading documents to the link. If you have further questions, please feel free to contact me at 507-261-8178. Thank you for in advance for your continued support of the Mayo Clinic Cardiology Department.

Sincerely yours,

A handwritten signature in cursive script that reads 'Sheila Fick'.

Sheila M. Fick  
Mayo Clinic

Enclosures



## Mayo School of Continuous Professional Development (MSCPD) Exhibitor Agreement

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine and Science – MCSCPD AND:

Activity Title	Echo in Congenital Heart Disease: Adult & Pediatric Cases Including Multimodality Imaging	
Activity Number	22R01372	
Location	Live In-Person & Livestream – Ranch Las Palmas, CA	
Dates	October 21-23, 2022	
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		\$2,500
	Total Purchase	\$

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

### 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 EXHIBITOR is obligated to provide full payment of all amounts due under this agreement 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.
- If this agreement is cancelled by either party forty-five (45) days or more in advance of the Activity Date, PROVIDER will refund the Exhibit Fee less a \$300 processing fee. If this agreement is cancelled by EXHIBITOR less than forty-five (45) days in advance of the Activity Date, the total amount due under this Agreement shall be immediately due and payable to PROVIDER.
- 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.

**Note: All exhibitors must be approved by MCSCPD and this agreement is not binding until both parties have signed. MCSCPD maintains the right to refuse any exhibitor.**

**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

**PAYMENT INFORMATION**

Please indicate your method of payment:

PROVIDER Federal Tax ID number is 41-6011702.

Please remit check payable to: Mayo Clinic. 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, SN 03-302CE Rochester, MN 55905  Please identify <b>CHD</b> on the check.	For payment by credit card or wire transfer, please call the CV Registrar at 800-283-6296.  <i>Do not send credit card information via email or fax.</i>

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, SN 03-302CE  
Rochester, MN 55905  
T: 507-261-8178