

Dear Exhibitor:

We are pleased to announce the upcoming educational program entitled, *27<sup>th</sup> Annual Cardiology at Cancún: Topics in Clinical Cardiology*. The program will be held at the Marriott Cancún Resort from **February 27-March 3, 2023**. The course directors are Drs. Guy S. Reeder and Steve R. Ommen.

We continue to hold this conference in Cancun each year due to past and increasing attendance each year as well as affordability of the program for both the conference, attendees, and exhibitors. The flexibility and cost effectiveness of not only the flights but the lodging accommodations allows for a wide variety of attendees as well as sponsors.

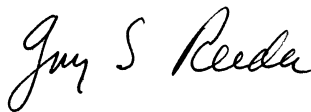
The purpose of the meeting is to present practical state-of-the-art knowledge in cardiovascular diagnosis and therapy. The scope of the program is comprehensive and will cover prevention, ischemic heart disease, heart failure, valvular heart disease, and heart rhythm disorders. Expert faculty will present evidence-based and practical clinical approaches to diagnosis and treatment. A case-based format with audience response interaction and ample time for discussion is planned. Late afternoon audience-interactive sessions on ischemic heart disease, heart failure, and arrhythmias are planned.

To participate, an exhibit fee is requested in the amount of \$2,500. You will be acknowledged at the meeting and have the opportunity to exhibit. To support this program, please complete the following:

- Check payable to: **Mayo Clinic (Reference Cancun 2023)**
- 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**

If you have any additional questions or need additional information regarding this meeting, please feel free to contact the meeting planner, Ms. Sheila Fick, at (507) 261-8178 or via e-mail at [fick.sheila@mayo.edu](mailto:fick.sheila@mayo.edu). We look forward to your participation in this upcoming conference.

With best regards,



Guy S. Reeder, M.D.  
Program Director



Steve R. Ommen, M.D.  
Program Director

GSR/SRO/smf  
Enclosures



**Mayo Clinic School of Continuous Professional Development (MCSCPD)  
Exhibitor Agreement**

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

Activity Title	Cardiology at Cancun: Topics in Clinical Cardiology
Activity Number	23R01244
Location	Marriott – Cancun, Mexico
Dates	February 27-March 3, 2023

**MCSCPD 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	\$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- 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>Cancun</b> on the check.	For payment by credit card or wire transfer, please call the CV Registrar Sheryl Dohrmann 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