



Dear Potential Exhibitor:

I would like to invite you to participate in our 30th annual program "Echo Imaging in Colorado Including Multimodality Imaging" to be held in Telluride, Colorado at the Conference Center, **March 6-9, 2023** directed by Dr. Kyle Klarich (Mayo Clinic), Dr. Martha Grogan (Mayo Clinic) and Tom Ryan (Ohio State University). In the program we have provided ample time for participants to review the latest. Each year, we have approximately 100 attendees.

In order to reserve space for this meeting, please reply at your earliest convenience. In support of this conference, a request of \$2,500 is made. We hope that you will be able to join us in this exciting educational endeavor.

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

Please e-mail the attached Letter of Agreement to Sheila Fick at fick.sheila@mayo.edu. If you have further questions, please feel free to contact me at 507-261-8178. We look forward to your participation.

Sincerely yours,

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

Sheila M. Fick
Meeting Coordinator

Enclosures



Mayo School of Continuous Professional Development (MSCPD) Exhibitor Agreement

Activity Title	Echo Imaging in Colorado: Ski Telluride
Activity Number	23R01577
Location	Telluride, CO
Dates	March 6-9, 2023

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	\$

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.” “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

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/SN 03-302CE Rochester, MN 55905 Please identify Telluride on the check.	For payment by credit card or wire transfer, please call Sheryl Dohrmann at 800-283-6296. <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/SN 03-302CE
Rochester, MN 55905
T: 507-261-8178 E: fick.sheila@mayo.edu