



Dear Potential Exhibitor:

On behalf of Course Directors, Doctors Michael Ackerman, Naveen Pereira, Iftikhar Kullo, and the Mayo School of Continuous Professional Development, I am inviting you to exhibit at the 7th Annual Genetics of Heart & Vascular Disease course October 5-7, 2023 in Savannah, GA at The Westin. Each year, we have approximately 100 cardiologists, RNs, PAs, NPs, and genetic counselors. The purpose of this CME course is to have experts in the field of cardiovascular genetics detail the important role of genetics in the diagnosis, risk stratification, and treatment of diseases affecting the heart and the blood vessels.

During this 3-day CME course, experts in the field of cardiovascular genetics and genetic cardiology detail the important role of genetics, genomics, and pharmacogenetics in the diagnosis, risk stratification, and treatment of diseases affecting the heart and the blood vessels.

Topics covered will include, genetics and genomics 101, pharmacogenetics, polygenic risk scores, variant interpretation, the molecular autopsy, and the diagnostic, prognostic, & therapeutic implications of genetic testing for patients with congenital heart disease, long QT syndrome, Brugada syndrome, hypertrophic/dilated/arrhythmogenic cardiomyopathy, coronary heart disease, hyperlipidemias, heart failure, pulmonary hypertension, cardiac amyloid, and the aortopathies.

In the program we have provided ample time for participants to review the latest updates from your company via live and virtual exhibits. The virtual exhibits will be open for viewing one week prior to the start of the conference and will close 30 days after. Viewing is available during all meal functions.

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.

In order to reserve space at this conference, please reply at your earliest convenience.

- In-person Exhibit: \$2,500
- Credit Card or Check payable to: **Mayo Clinic (Reference Genetics)**
- 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. 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. We hope that you will be able to join us in this exciting educational endeavor.

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 | The Genetics of Heart & Vascular Disease | |
| Activity Number | 23R01762 | |
| Location | Live In-Person & Livestream – The Westin, Savannah, GA | |
| Dates | October 5-7, 2023 | |
| 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 | | |
| Total Purchase | | \$2,500 |

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: 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 Genetics 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



Product Theater Opportunity

Product Theater: \$20,000 base price per session (price to be reviewed and confirmed with specialist).

Non-CME Product Theater will give your company the opportunity to bring in an expert speaker, present directly to attendees and educate them on your products, devices, and pharmaceuticals.

Product Theater details:

- Product Theater – details to be discussed with education specialist.
- Program may begin 30 minutes following course adjournment in the same room or separate room than the education event is taking place.
- Exhibit booth with the CME program additional fee.
- Mayo Clinic will arrange a room for your product theater.
- Mayo Clinic AV will provide audiovisual support and equipment.
- Education specialist will assist with banquet event order.
- Mayo Clinic CV alcohol policy: \$18 per person for hosted wine or beer. Tax and gratuity are additional.
- Signage and any announcement flyers would be the responsibility of the company.
- Course Directors must review and approve the list of speakers and a 50-word description of the event.
- Request should be submitted to education specialist at least four weeks prior to the start of the course.
 - Mayo Clinic staff, faculty, course directors may not serve as moderators, facilitators, speakers or participate in any other capacity than attending a product theater.
- Mayo Clinic will only offer the Commercial Interest an attendee list, upon request once all attendees have been provided an option to "opt-out" of being included on the list.
- Attendees are notified that these events are optional, not for CME credit, and are being provided in support of the Mayo Clinic Course on behalf of the Commercial Interest.
- The non-CME event may be identified in the final program (no logo), course website, and course welcome slides.

Contact the program education specialist for details or visit the program website for information.

CVEDUCATION@MAYO.EDU

Cardiovascular Education Multiple Meetings

The following company agrees to exhibit at the identified programs for the special multiple meeting offer. Payment and completion of program letter of agreements will be completed for each program.

| |
|--|
| Company Name (Exhibitor) (As it should appear on printed materials) |
| Exhibit Contact (if different then exhibit Rep.) |
| Address |
| Telephone |
| Fax |
| Email |
| The named exhibitor wishes to exhibit at the above-named activity for |

Sponsorship Opportunities:

| | |
|---|----|
| <input type="checkbox"/> Product Theater: NOTE: There may be additional charges depending on the meeting location (power, internet access, etc.). Enter agreed upon amount with Education Specialist in following column. | \$ |
| TOTAL AMOUNT | \$ |

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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 payable to: Mayo Clinic- CV CME. 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 Attn: Cardiovascular CME 200 First St SW/SN03-302CE Rochester, MN 55905 Please identify (Product Theater Offer) on the check. | For payment by credit card or wire transfer, please call 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

Mayo Clinic
 CV CME
 200 First St SW/SN 03-302CE
 Rochester, MN 55905

Return form electronically to:

Fick.Sheila@mayo.edu