Dear Potential Exhibitor:

On behalf of Course Directors, Doctors Rekha Mankad, Naser Ammash, and the Mayo School of Continuous Professional Development, I am inviting you to exhibit at the Annual Echo on Marco Island: Case-Based Approach course December 11-14, 2023 on Marco Island, FL at the JW Marriott. Each year, we have approximately 225-250 cardiologists, anesthesiologists, surgeons, nurses, and cardiac sonographers.

This course highlights techniques in assessment of cardiac structure and function in adult and congenital patients, and will enhance discussion of patient care management. This course is unique in that each lecture will be followed by case discussions using the audience response system for audience interaction.

In the program we have provided ample time for participants to review the latest updates from your company.

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 Marco)
- 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,

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:

<table>
<thead>
<tr>
<th>Activity Title</th>
<th>Echo on Marco Island: Case-Based Approach</th>
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<tbody>
<tr>
<td>Activity Number</td>
<td>23R01236</td>
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<tr>
<td>Location</td>
<td>Live In-Person &amp; Livestream – JW Marriott – Marco Island, FL</td>
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<tr>
<td>Dates</td>
<td>December 11-14, 2023</td>
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<table>
<thead>
<tr>
<th>Company Name (Exhibitor)</th>
<th>(as it should appear on printed materials)</th>
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<tbody>
<tr>
<td>Exhibit Contact (if different then exhibit Rep.)</td>
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<tr>
<td>Name(s) of Representative(s) exhibiting: (Maximum of two representatives allowed per exhibit)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
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<td>Telephone</td>
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The named exhibitor wishes to exhibit at the above named activity for the amount of $2,500

**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](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 MCSCPDP and this agreement is not binding until both parties have signed. MCSCPDP 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:

<table>
<thead>
<tr>
<th>Exhibitor Representative Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayo Clinic Representative Name</td>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

PAYMENT INFORMATION
Please indicate your method of payment:

☐ Check
☐ 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 Marco on the check.

For payment by credit card or wire transfer, please call the CV Registrar, Sheryl Dohrmann at 800-283-6296.

Do not send credit card information via email or fax.

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