



Dear Healthcare Education Supporter,

On behalf of the Mayo Clinic Department of Cardiology, I am pleased to announce our "**Basic to Advanced Echocardiography**" course that will be held May 15-18, 2024 at The Omni Grove Park Inn in Asheville, NC. The symposium is designed for adult cardiologists, cardiovascular surgeons, cardiac fellows, anesthesiologists, and cardiac sonographers who have experience and knowledge of echocardiography.

The course will begin with a discussion of echocardiographic assessment of left and right ventricular function, including presentations on diastolic function and strain imaging for assessing myocardial function. We will then discuss a broad range of disease states for which echocardiography is useful, including ischemic heart disease, valvular heart disease, pericardial disease, and cardiomyopathies. The presentations will include basic concepts as well as advanced techniques including 3-D imaging and strain imaging. Throughout the course many cases will be presented.

Upon the conclusion of the course, participants should be able to:

- Apply Doppler principles and hemodynamics to the assessment of valvular heart disease, including systematic assessment of prosthetic valves
- Use 2-D, Doppler and strain methods to assess myocardial function
- Illustrate the appropriate use of echo Doppler in myocardial and pericardial disease
- Describe the utility of echocardiography, including 3-D transesophageal echocardiography, for the interventional practice
- Integrate echocardiography into the diagnosis and management of heart failure
- Recognize clinical applications of stress echocardiography

We would like to encourage your support for an exhibit in the amount of \$2,500. Along with the signed letter of agreement, checks can be made payable to **Mayo Clinic** (Federal ID #41-6011702) and mailed to the attention of: Sheila Fick, 200 First St. SW/SN 03-302CE, Rochester, MN 55905. **In addition, ultrasound companies wishing to participate in the live scanning sessions will need to complete the attached in-kind.**

If you have any questions about our program or need additional information, please do not hesitate to contact me at 507-261-8178 or e-mail: [fick.sheila@mayo.edu](mailto:fick.sheila@mayo.edu)

Sincerely,

A handwritten signature in black ink that reads 'Sheila Fick'.

Sheila Fick  
Department of Cardiovascular Diseases  
Mayo Clinic

Program Directors  
Garvan Kane, M.D.  
Sunil Mankad, M.D.  
Crystal Bonnicksen, M.D.  
Pamela Burgess, RDCS



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

Activity Title	Basic to Advanced Echo
Activity Number	24R01764
Location	The Omni Grove Park Inn – Asheville, NC
Dates	May 15-18, 2024

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine and Science – 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	\$2500.00

### 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
Amy Whitby		

**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 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  <b>Please identify Asheville on the check.</b>	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>

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](mailto:fick.sheila@mayo.edu)

**THIS FORM FOR LIVE SCANNING PARTICIPANTS ONLY**



**MAYO CLINIC COLLEGE OF MEDICINE AND SCIENCE  
MAYO CLINIC SCHOOL OF CONTINUOUS PROFESSIONAL DEVELOPMENT  
WRITTEN AGREEMENT FOR COMMERCIAL SUPPORT**

Mayo Clinic College of Medicine and Science (Accredited Provider), is committed to presenting CME activities that promote improvements of quality in healthcare and are independent of the control of commercial interests. As part of this commitment, Mayo Clinic College of Medicine and Science, has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CME activities. Commercial Support is defined as financial, or in-kind, contributions given by a commercial interest<sup>1</sup>, which is used to pay all or part of the costs of a Mayo Clinic School of Continuous Professional Development activity.

**Title of CME Activity:** \_\_\_\_\_

**Activity Location:** \_\_\_\_\_ **Activity Date(s):** \_\_\_\_\_

**Name of Commercial Interest:** \_\_\_\_\_

Company name denoted above will be reflected within our recognition materials

**Estimated Value of In-kind Contribution:** \$ \_\_\_\_\_

**If in-kind equipment is being provided, identify the type of contribution (check all that apply):**

- Durable Equipment: \_\_\_\_\_
- Facilities/Space
- Disposable Supplies (non-biological): \_\_\_\_\_
- Human parts or tissue
- Animal parts or tissue
- Other (please describe): \_\_\_\_\_

Select one of the below shipping options (in-kind contributions only).

- We will be shipping the in-kind equipment.** *\*Please remember to include return shipping labels in your shipment for the return of non-disposable items\**

In-kind equipment will need to be shipped to: \_\_\_\_\_

Delivery date & carrier: \_\_\_\_\_

- Return labels are included.

Shipping information contact name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone number: \_\_\_\_\_

- We will have a representative deliver and return the equipment provided.**

Representative name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone number: \_\_\_\_\_

- This representative will be present at the course to assist with the equipment.

## Terms, Conditions, and Purposes

### Independence

1. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial Interest.
2. The Accredited Provider is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of education methods, and the evaluation of the activity.

### Appropriate Use of Commercial Support

3. The Accredited Provider will make all decisions regarding the disposition and disbursement of the funds from the Commercial Interest.
4. The Commercial Interest will not provide advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
5. All commercial support associated with this activity will be given with the full knowledge and approval of the Accredited Provider. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
6. The Accredited Provider will upon request, furnish the Commercial Interest documentation detailing the receipt and expenditure of the commercial support.
7. Educational grant funds will not be used for food and beverage, faculty expenses, honoraria, or entertainment.

### Commercial Promotion

8. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity. The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Live or enduring promotional activities must be kept separate from the CME activity. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after a CME activity. Commercial Interests may not engage in sales or promotional activities while in the space or place of the CME activity.
9. The Commercial Interest may not be the agent providing the CME activity to the learners.

### Disclosure

10. The Accredited Provider will ensure that the source of support from the Commercial Interest, either direct or "in-kind," is disclosed to the participants, in program brochures, syllabi, and other program materials, and at the time of the activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of commercial support may state the name, mission, and clinical involvement of the company or institution.
11. Commercial Interest representatives, who may be at the symposium, if requested, must sign a confidentiality agreement prior to participating in the educational activity.

### Ownership and Risk of Loss (for In-Kind Grants)

12. The Accredited Provider acknowledges that the Commercial Interest is the owner of the Equipment and shall retain sole and exclusive title to and ownership of, the Equipment. The Commercial Interest will be responsible for all costs in bringing and removing the Equipment to and from the Activity Location. The Commercial Interest shall bear the risk of loss for the Equipment.

### Use of Name

13. The Commercial Interest shall not use the names or trademarks of Mayo Clinic or of any of Mayo Clinic's affiliated entities in any advertising, publicity, endorsement, or promotion unless Mayo has provided prior written consent for the particular use contemplated.

The Commercial Interest and Mayo Clinic College of Medicine and Science agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) ***Standards for Commercial Support of Continuing Medical Education*** <http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support>).

### Name of Accredited Provider: Mayo Clinic College of Medicine and Science

Tax ID Number: 41-6011702  
Contact: Mayo Clinic, 200 1st St SW, Plummer 2-60  
Rochester, MN 55905  
Email Address: cpdindustry@mayo.edu  
Phone Number: 507-284-2509  
Fax Number: 507-538-7234

**Name of Commercial Interest:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Agreed by Authorized Representatives**

**Commercial Interest**

**Mayo Clinic College of Medicine and Science**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

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Title

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Title

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Date

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Date

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The ACCME defines a Commercial Interest as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies. The ACCME does not consider providers of clinical service directly to patients to be commercial interest.

Revised 6/2021