

Exhibit Request

Dear Potential Exhibitor:

On behalf of the Mayo School of Continuous Professional Development, previously the Mayo School of Continuing Medical Education, I am pleased to announce our "**Mayo Clinic Cardiology Updates at Puerto Vallarta: A Focus on Prevention**" course which will be held January 18-23, 2026 at the Marriott in Puerto Vallarta, Mexico. This course is intended for cardiologists, primary care providers, and internists, nurse practitioners and physician assistants working in the cardiology field, physiatrists, exercise specialists and nurses working in cardiac rehabilitation, and physicians directing cardiac rehabilitation centers.

The purpose of the meeting is to present state-of-the-art knowledge in cardiology with a clinically-based approach. The scope of the program is broad and will cover a wide spectrum of cardiovascular diseases but generally focused on prevention of coronary disease, stroke and sudden death. Expert faculty will present practical clinical approaches to diagnostics and latest management strategies of challenging and controversial topics in cardiology.

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

- Identify basic and advanced screening strategies to identify CVD risk in clinical practice
- Describe evidence-based lifestyle and medication management strategies to manage CVD risk factors
- Recognize indications for and impact of medication and surgical management of obesity
- Describe the critical steps in management of patients with known CVD, including CAD, heart failure, atrial fibrillation, stroke, valvular heart disease, thromboembolic events
- Recognize effective methods to identify and manage CVD risk in younger and older athletes

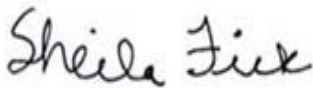
We would like to encourage your support for an exhibit in the amount of \$2,500. The exhibit space will be separate in the foyer and not in the educational session. Attendees will have access during all breakfast and break functions. Along with the signed letter of agreement, checks can be made payable 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.

- *The arrangement to participate in this event represents a fair market value transaction for bona fide services rendered to NPC, and is specifically made without intent to induce or reward referrals for the purchase of NPC products.*
- *The payment is intended to cover only the costs related to the agreed upon promotional activities.*
- *NPC funds will not be used for items that are not permitted by applicable industry code requirements, and will not be used to remunerate any individual healthcare professional (HCP), nor will any funds be used to support any Independent Charitable Co-Pay Assistance programs.*
- *The exhibit payment is not an unrestricted charitable contribution or educational grant for accredited or non-accredited continuing medical education*
- *This payment will be reported where applicable to meet Federal and State Sunshine Disclosure laws*

Once agreed upon, your logo will be posted on our website if you desire, acknowledgement will be on signage on-site and on scrolling slides to both virtual and in-person attendees.

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

Sincerely,



Sheila Fick
Department of Cardiovascular Diseases
Mayo Clinic



Exhibitor Agreement

Mayo Clinic School of Continuous
Professional Development (MCSCPD)

Instructions:

Complete this form to serve as an exhibit contract between Accredited Provider: Mayo Clinic College of Medicine and Science – MCSCPD and external organizations at Continuing Medical Education events.

Activity Information

Title	Tracking ID
Activity Location (Venue, City, State)	Dates
Activity Contact(s) [CMES/EAC Name(s)]	
Support Location (select one) <input type="checkbox"/> Arizona <input type="checkbox"/> Florida <input type="checkbox"/> Rochester <input type="checkbox"/> Other:	

Exhibitor Information

Company Name (as it should appear on printed materials)	
Exhibitor Contact (if different than exhibit representative) (First, Last)	Exhibitor Contact Email
Name(s) of Representative(s) Exhibiting (maximum of two representatives allowed per exhibit)	
Address (Street, City, State, ZIP or Country Code)	Phone
Email Address(es) Representative(s) Exhibiting	Fax
Named exhibitor wishes to exhibit at the above-named activity for the amount of (USD): \$	

NOTE: Request for power, internet access, or other items not included in the agreement may incur additional fees. Approval of custom requests is at the discretion of Mayo Clinic School of Continuous Professional Development.

Additional Requests

Terms and Conditions

- **Exhibitor** agrees to abide by ACCME accreditation requirements and ACCME Standards for Integrity and Independence in Accredited Continuing Education (“Standards”) as stated at www.accme.org/publications/standards-for-integrity-and-independence-accredited-continuing-education. The standards include, but are not limited to, the following requirements:
 - Accredited continuing education must protect learners from commercial bias and marketing.
 - Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
 - The accredited provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.
- **Exhibitor** may only distribute educational promotional materials at their exhibit space. Distribution of noneducational 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 **Accredited 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.

Exhibitor Agreement (continued)

- 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 **Accredited Provider**. **Accredited 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, **Accredited 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 **Accredited Provider**.
- **Accredited Provider** agrees to provide exhibit space and may acknowledge **Exhibitor** in activity announcements. **Accredited 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 in this Exhibitor Agreement (including ACCME Standards for Integrity and Independence in Accredited Continuing Education).

Signatures

Exhibitor Representative Signature ▶	Exhibitor Representative Printed Name <i>(First, Middle, Last)</i>	Date <i>(mm-dd-yyyy)</i>
Mayo Clinic Representative Signature ▶	Mayo Clinic Representative Printed Name <i>(First, Middle, Last)</i>	Date <i>(mm-dd-yyyy)</i>

Payment Information

Complete and Return This Form Before <i>(mm-dd-yyyy)</i>
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- Select payment type for the support location you selected on page 1.
- Make check payable to Mayo Clinic. Identify course name on the check.
- Do not send credit card information via email.

<input type="checkbox"/> Arizona Federal Tax Identification 86-0800150 <input type="checkbox"/> Check <input type="checkbox"/> Credit Card or Wire Transfer For payment by credit card or wire transfer, call the MCSCPD office at 1-480-301-4580. Send payment to: Mayo Clinic – MCSCPD 13400 East Shea Blvd. Scottsdale, AZ 85259	<input type="checkbox"/> Florida Federal Tax Identification 59-3337028 <input type="checkbox"/> Check <input type="checkbox"/> Credit Card or Wire Transfer For payment by credit card or wire transfer, call the MCSCPD office at 1-800-462-9633. Send payment to: Mayo Clinic – MCSCPD 4500 San Pablo Road Jacksonville, FL 32224
<input type="checkbox"/> Rochester Federal Tax Identification 41-6011702 <input type="checkbox"/> Check <input type="checkbox"/> Credit Card or Wire Transfer For payment by credit card or wire transfer, call the MCSCPD office at 1-800-323-2688. Send payment to: Mayo Clinic – MCSCPD 200 First St SW, Plummer 2-60 Rochester, MN 55905	<input type="checkbox"/> Other _____ Federal Tax Identification _____ <input type="checkbox"/> Check <input type="checkbox"/> Credit Card or Wire Transfer For payment by credit card or wire transfer, call: Send payment to: