



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 15-18, 2025 on Marco Island, FL at the 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 located outside the main conference room, 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**

- *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*

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 black ink that reads 'Sheila Fick'.

Sheila M. Fick
Mayo Clinic

Enclosures



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>
--

- 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:



**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 interestⁱ, 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: Echo on Marco Island: Case-Based Approach

Activity Location: Marriott – Marco Island, FL

Activity Date(s): December 15-18, 2025

Name of Commercial Interest: _____
Company name denoted above will be reflected within our recognition materials.

Amount of Educational Grant: \$ _____

Estimated Value of In-kind Contribution: \$ _____

Type of In-Kind Contribution (check all that apply):

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

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, ATT: Sheila Fick, 200 1st St SW, SN 03-302CE
Rochester, MN 55905
Email Address: fick.sheila@mayo.edu
Phone Number: 507-261-8178

Name of Commercial Interest: _____

Address: _____
City, State, Zip: _____
Contact Person: _____
Email Address: _____
Phone Number: _____
Fax Number: _____

Agreed by Authorized Representatives**Commercial Interest**

Signature

Print Name

Title

Date

Mayo Clinic College of Medicine and Science

Signature

Print Name

Title

Date

ⁱThe 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.