



Dear Healthcare Education Supporter,

On behalf of the Mayo School of Continuous Professional Development and the Department of Cardiovascular Diseases, I am pleased to announce our course which will be held Saturday, August 8, 2026 - Sunday, August 9, 2026 at the Kalahari Dells in Wisconsin Dells, WI. This conference is specifically designed for sonographers and open to all providers who manage patients with aortic valve stenosis.

**ASSESSMENT AND MANAGEMENT OF PATIENTS WITH AORTIC STENOSIS
LEVERAGING THE POWER OF ECHOCARDIOGRAPHY**

Course will focus on the epidemiology, assessment, and management of patients with aortic stenosis. Special focus on echocardiographic assessment and grading of aortic stenosis severity with attention to discordant echocardiogram and cardiac catheterization findings. Guideline recommendations for follow-up and indications for aortic valve replacement will be discussed. The course will also discuss use of echocardiography during transcatheter aortic valve replacement and assessment of aortic valve prosthesis following TAVR or surgical aortic valve replacement (SAVR). There will be live scanning of a patient with aortic valve stenosis. The course is designed for sonographers and open to all providers who manage patients with aortic valve stenosis.

Upon completion of this program, attendees should be able to:

- Identify the scope of the problem of aortic stenosis
- Recognize pitfalls in the assessment of aortic stenosis severity
- Describe sources of discrepancy between echocardiography and cardiac catheterization
- Recognize severe aortic stenosis in patients with discordant aortic valve area and gradient
- Review indications for aortic valve replacement
- Describe the role of echocardiography during transcatheter aortic valve replacement
- Interpret elevated gradients following transcatheter aortic valve replacement
- Evaluate valvular and perivalvular regurgitation following transcatheter aortic valve replacement
- Demonstrate how to assess aortic stenosis

We would like to encourage your support for an exhibit in the amount of **\$2,500**. Funds will be used towards the exhibit space which will include 10x10 space, acknowledgement on-line website and on-site signage. 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.

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,

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

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) <i>(First, Last)</i>	Exhibitor Contact Email
Name(s) of Representative(s) Exhibiting (maximum of two representatives allowed per exhibit)	
Address <i>(Street, City, State, ZIP or Country Code)</i>	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: