



Department of Radiology

# 2023 Gynecologic and Breast Imaging Review Course

December 4-8, 2023  
The Ritz-Carlton, Naples • Naples, FL

## EXHIBITOR PROSPECTUS

## DEAR INDUSTRY COLLEAGUES:

On behalf of the Mayo Clinic Department of Radiology Continuing Medical Education Office, we are pleased to announce our *Gynecologic & Breast Imaging Review Course* planned for December 4-8, 2023 at The Ritz-Carlton Naples, in Naples, Florida.

The Gynecologic and Breast Imaging Review Course is a post-graduate medical course that will provide practicing radiologists and radiologists-in-training with current information on the imaging diagnosis and management of breast and gynecologic disease. The didactic component of the course will focus on standard practices and core knowledge of imaging interpretation, while emphasizing emerging techniques and current controversies in breast and pelvic imaging. A multi-disciplinary approach will be utilized, with speakers from breast and gynecologic surgery, as well as discussion of breast imaging legal topics.

Mayo Clinic recognizes these types of educational programs would not be possible without your support. Therefore, we invite you to exhibit at this educational activity with an exhibit fee in the amount of \$5,000. This fee is for the exhibit space, which includes one draped table and two chairs. In support of ACCME guidelines, exhibitors will be located in a separate area from the educational activity but near the food and beverage area for optimal contact during breakfast and coffee breaks.

To exhibit at this course:

- Complete and return the provided Exhibitor Agreement form. This agreement may be substituted with your company's standard Letter of Agreement form.
- Submit payment before November 22, 2023. Please make payment payable to Mayo Clinic and send to the address below. For your convenience, our Federal tax identification number is 41-6011702.

We look forward to the success of the Mayo Clinic Women's Imaging Review Course and hope you will be able to join us! If you have any questions or your company requires completion of a web-based application, please feel free to contact us.

## GENERAL INFORMATION

### Official Meeting Dates

December 4-8, 2023

### Welcome Reception

December 4th, 2023  
6-8 p.m.

### Meeting Location

**The Ritz-Carlton, Naples**  
Naples, FL

### Expected Attendees

105 Radiologists

### Booth Fee

\$5,000

### Room Rate/Deadline

Starting at \$315+ by November 2, 2023

## WHY SPONSOR

Technical and educational exhibits provide a professional and educational environment in which attendees can receive demonstrations, view products and services and discuss the uses of your products and/or services. Additionally, the exhibits enhance the educational content of the meeting helping to provide quality continuing medical education.

Benefits of Sponsorship:

- Interact face-to-face with numerous medical professionals
- Build visibility for your company in a competitive marketplace
- Expand your customer base and strengthen existing customer relationships
- Introduce new products and services
- Additional advertisement opportunities to expand reach and further socialize with attendees

## PAYMENT

Payments are due no later than November 3, 2023.  
Acceptable methods: VISA, Master Card, AMEX or check.

Please see Exhibitor Agreement form below for more information.

## KEY CONTACTS

If interested in exhibiting and have questions, please contact:

**Holly Schlink**  
CME Specialist  
schlink.holly@mayo.edu  
507-284-2849

## Mayo School of Continuous Professional Development (MSCPD) Exhibitor Agreement

Activity Title	Mayo Clinic Gynecologic and Breast Imaging Review
Activity Number	23R01800
Location	The Ritz-Carlton Naples, Naples, Florida
Dates	December 4-8, 2023

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine – MSCPD 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	\$5,000

### 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 payment is due and collectible 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.
- 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.

**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

### ***PAYMENT INFORMATION***

Please indicate your method of payment:

PROVIDER **Federal Tax ID number is 41-6011702.**

Please remit check payable to: Mayo Clinic- Mayo School of CPD. Please identify name of course on the check stub.

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<b>Make payable to:</b> Mayo Clinic  <b>Remit to:</b> Mayo Clinic Department of Radiology CME Attn: Holly Schlink, CME Specialist, RO_MA_02_W2-RAD 200 First Street SW Rochester, MN 55905  Please identify <b>Women’s Imaging</b> on the check.	For payment by credit card, please call the Radiology CME Office Registrar at 866-246-1581  <i>Do not send credit card information via email or fax.</i>

**NOTE:** There may be additional charges depending on the meeting location (power, internet access, etc).  
Please list additional requests here:

Complete and return this form along with your payment made to Mayo Clinic, Federal Tax ID# 41-6011702 before **November 22, 2023** to:  
Mayo Clinic  
Department of Radiology CME  
Attn: Holly Schlink, CME Specialist, RO\_MA\_02\_W2-RAD  
200 First Street SW  
Rochester, MN 55905  
T: 507-284-2849; F: 507-266-3061