# C:\Users\hjd01\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\MC_stack_blk.pngMayo School of Continuous Professional Development (MSCPD) Exhibitor Agreement

|  |  |
| --- | --- |
| Activity Title | Tutorials in Diagnostic Radiology |
| Activity Number | 24R01801 |
| Location | Fairmont Kea Lani, Maui, HI |
| Dates | January 14-18, 2024 |

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.), pharmaceuticalsor 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 mayacknowledge 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:

|  |  |
| --- | --- |
| Check | Credit Card |
| PROVIDER **Federal Tax ID number is 41-6011702**.  **Make check payable to:**  Mayo Clinic  **Remit to:**  Mayo Clinic  Radiology CME Office - Holly Schlink  200 First Street SW, [RO\_MA\_02\_48WRAD](https://quarterly.mayo.edu/directory/person/results.htm?mail_code=RO_MA_02_W2-RAD&displaymode=)  Rochester, MN 55905  Please identify the course name, **Tutorials,** on the check. | For payment by credit card, please call the Radiology CME Office at **866-246-1581**  *Do not send credit card information via email or fax.* |

**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 by December 8, 2023, to:**

Mayo Clinic

Radiology CME Office – Holly Schlink

200 First St SW, RO\_MA\_02\_48WRAD

Rochester, MN 55905

E-mail: [radiologycme@mayo.edu](mailto:radiologycme@mayo.edu?subject=Exhibitor%20Agreement%20)