



Department of Radiology

2026 Radiology at Amelia Island

June 1-5, 2026 | The Ritz-Carlton, Amelia Island | Amelia Island, FL



EXHIBITOR PROSPECTUS

DEAR INDUSTRY COLLEAGUES:

On behalf of Drs. Candice Bolan, Robert Maxwell, John Murray Jr., Jeffrey Peterson, and the Mayo Clinic Department of Radiology Continuing Medical Education Office, we are pleased to announce our upcoming Radiology at Amelia Island course to be held June 1-5, 2026 at The Ritz-Carlton, Amelia Island in Amelia Island, FL.

Radiology at Amelia Island is a post-graduate continuing medical education course that will provide radiologists and radiologists-in-training with a subspecialty review of practical applications, current trends and emerging techniques in diagnostic and interventional radiology. The course will include interactive lectures and panel discussions from world-renowned practicing radiologists at Mayo Clinic.

Mayo Clinic recognizes these types of educational programs would not be possible without your support. We invite you to join us and exhibit at this educational meeting. Exhibit packages start at \$4000. 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 May 1, 2026. Please make payment payable to Mayo Clinic and send to the address listed on the attached Letter of Agreement. For your convenience, our Federal Tax Identification number is 41-6011702.

GENERAL INFORMATION

Official Meeting Dates

June 1-5, 2026

Welcome Reception

June 1, 2026

Meeting Location

The Ritz-Carlton, Amelia Island
Amelia Island, FL

Expected Attendees

90 Radiologists

Room Rate/Deadline

Starting at \$399+ by May 8, 2026

EXHIBIT SCHEDULE

Vendors are able to exhibit during all breakfast and break times throughout the course.

Course program available on our [website](#).

*Schedule subject to change

PAYMENT

Payments are due no later than May 1, 2026. Acceptable methods: VISA, Master Card, AMEX or check.

Please see Exhibitor Agreement form for more information.

WHY EXHIBIT

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 Exhibiting:

- 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

KEY CONTACTS

If interested in exhibiting and have questions, please contact:

Holly Schlink

CME Specialist

schlink.holly@mayo.edu

507-284-2849

EXHIBITOR OPTIONS

BASIC EXHIBITOR PACKAGE - \$4,000

- 8 or 6 ft. draped table with two chairs
- 2 exhibitor badges
- Complimentary breakfast and break refreshments
- Invitation to the Welcome Reception
- Recognition in conference program, welcome presentation, and break slides
- Company link and marketing materials on course dashboard
- Representatives can join the general session and listen to the presentations.
- List of course attendees, including their name, city, and state.
- Exhibit table space and hotel room reservations (up to two rooms per company in the group room block) are limited and will be allocated on a first-come, first-served basis upon receipt of a completed agreement form and payment.

ADD-ON OPTIONS

In addition to everything provided on the basic exhibitor package companies can choose to add the following additional opportunities to their exhibiting experience:

BREAKFAST PRESENTATION ADD-ON - \$2000 (4 AVAILABLE)

Showcase your product to course attendees with a dedicated 20-minute presentation during breakfast (7:00 AM - 7:20 AM). This presentation will take place in the dining space separate from the general session. Attendance is option for course attendees.

WELCOME RECEPTION SPONSORSHIP - \$3000 (1 AVAILABLE)

Showcase your company's name, logo and product prominently at the welcome reception with signage and an exhibit table at the venue entrance. Attendance is optional for course attendees.



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, call the Radiology CME office at 1-866-246-1581. Send payment to: Mayo Clinic Radiology CME Office - Holly Schlink 200 First St SW, Mayo 2-48WRAD 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: