



Department of Radiology

2026 Enterprise Radiology Artificial Intelligence Subcommittee Retreat

November 5-6, 2026 | Hilton Mayo Doctors Hall 1 | Rochester, MN



EXHIBITOR PROSPECTUS

DEAR INDUSTRY COLLEAGUES:

On behalf of Drs. Tim Leiner and Eric Williamson, and the Mayo Clinic Department of Radiology Continuing Medical Education Office, we are pleased to announce our upcoming Mayo Clinic Enterprise Radiology Artificial Intelligence Subcommittee Retreat to be held November 5-6, 2026, at the Hilton Mayo Clinic Area in Rochester, Minnesota.

Mayo Clinic recognizes these types of educational programs would not be possible without your support. The exhibit fee is \$1,000 for a standard exhibit booth or \$700 for attendance without a booth. The standard exhibit package includes one draped exhibit 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 food and beverage 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 September 15, 2026. Please make payment payable to Mayo Clinic and send to the address below. For your convenience, our Federal Tax Identification number is 41-6011702.

GENERAL INFORMATION

Official Meeting Dates

November 5-6, 2026

Dinner Reception

November 5, 2026

4:30-6:30 p.m.

Meeting Location

Hilton Rochester Mayo Clinic Area
Rochester, MN

Expected Attendees

100 Radiologists

Booth Fee

\$1,000 (Includes Booth)

\$700 (No Exhibit Booth)

EXHIBIT SCHEDULE

Vendors will be allowed to exhibit during refreshment break times throughout the course. The program schedule will be available on our [website](#).

*Schedule subject to change

CONFERENCE HIGHLIGHTS

Topics and speakers are carefully chosen to provide quality, practical and evidence-based sessions. Check the course [website](#) for updates.

VENDOR ACCESS

Vendor representatives may attend the afternoon portion of the retreat after 1:00PM on Thursday, the Dinner Reception, and the full half-day retreat program on Friday, November 5-6, 2026.

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 September 15, 2026. 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:

Chalyn Rice
CME Specialist
rice.chalyn@mayo.edu
507-284-2593



Complete and print.

Exhibitor Agreement

Mayo Clinic School of Continuous
Professional Development (MCSCPD)

Reset Form

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 Mayo Clinic Enterprise Radiology Artificial Intelligence Subcommittee Retreat	Tracking ID
Activity Location (Venue, City, State) Hilton Mayo Clinic Rochester	Dates November 5-6, 2026
Activity Contact(s) [CMES/EAC Name(s)] Chalyn Rice	
Support Location (select one) ☐ Arizona ☐ Florida ☒ Rochester ☐ 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): \$ 1,000 or \$700	

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 (First, Middle, Last)	Date (mm-dd-yyyy)
Mayo Clinic Representative Signature ▶	Mayo Clinic Representative Printed Name (First, Middle, Last)	Date (mm-dd-yyyy)

Payment Information

Complete and Return This Form Before (mm-dd-yyyy)

- 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.

☐ Arizona Federal Tax Identification 86-0800150 ☐ Check ☐ 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	☐ Florida Federal Tax Identification 59-3337028 ☐ Check ☐ 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
☒ Rochester Federal Tax Identification 41-6011702 ☐ Check ☐ Credit Card For payment by credit card call the Radiology CME office at 507-284-3317 Send payment to: Mayo Clinic – MCSCPD 200 First St SW, Plummer 2-60 Rochester, MN 55905	☐ Other _____ Federal Tax Identification _____ ☐ Check ☐ Credit Card or Wire Transfer For payment by credit card or wire transfer, call: Send payment to:

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