MAYO CLINIC

Department of Radiology

2027 Diagnostic Imaging Update

July 12-16, 2027 | The Ritz-Carlton, Laguna Niguel | Dana Point, CA



EXHIBITOR PROSPECTUS

DEAR INDUSTRY COLLEAGUES:

On behalf of Drs. Frederick Chen and Marina Giurescu, and the Mayo Clinic Department of Radiology CME Office, we are pleased to announce our upcoming Diagnostic Imaging Update course, taking place July 12-16, 2027, at The Ritz-Carlton, Laguna Niguel in Dana Point, California.

This course is designed to provide radiologists, residents, and fellows-in-training with a comprehensive review of state-of-the-art imaging techniques. Back by popular demand, the program features dedicated days for in-depth exploration of key topics, including abdominal, breast, chest, MSK, neuro, ultrasound, and more.

We invite you to participate as an exhibitor at this educational activity. The exhibit fee of $4,000 includes one draped table and two chairs. In accordance with ACCME guidelines, exhibits will be located in a dedicated area separate from the educational sessions, but strategically placed near food and beverage stations to allow for meaningful interaction with attendees during breakfast and coffee breaks.

To exhibit at this course:

- Complete and return the provided Exhibitor Agreement form (last 2 pages).
- Submit payment before June 1, 2027. 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
July 12-16, 2027

Welcome Reception
July 12, 2027

Meeting Location
The Ritz-Carlton, Laguna Niguel

Expected Attendees
125 Radiologists

Room Rate/Deadline
Starting at $519+ by June 18, 2027

EXHIBIT SCHEDULE

Vendors are able to exhibit during all breakfast and break times throughout the course. Course program available on on our website.

*Schedule subject to change

PAYMENT

Payments are due no later than June 1, 2027. 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

Complete and print.

Reset Form

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
2027 Diagnostic Imaging Update	27S02604
Activity Location (Venue, City, State)	Dates
The Ritz-Carlton, Laguna Niguel, Dana Point, CA	July 12-16, 2027
Activity Contact(s) [CMES/EAC Name(s)]	
Holly Schlink	
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): $ 4,000	

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.

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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)*

06-01-2027

- 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 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

☐ **Other** _____

Federal Tax Identification _____

☐ Check

☐ Credit Card or Wire Transfer

For payment by credit card or wire transfer, call:

Send payment to:

Print