

School of Continuous Professional Development
American Osler Society and American Association for the History of
Medicine



Exhibitor Registration Form

Please indicate your interest in exhibiting at the American Osler Society and American Association for the History of Medicine course by returning this application. Only those who return the Written Agreement for Commercial Support and send full payment by Monday, March 29th, 2010 will have space arranged for in the exhibit area.

Company Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Representative

In charge of exhibit: _____

Mailing Address: _____

City/State/Zip Code: _____

Business Telephone: _____ **Fax:** _____

E-mail address: _____

Other Representative Names: _____

Please provide a listing of products or services your company provides:

- Exhibit our products/services at this conference and provide an exhibit fee in the amount of \$350
 AAHM Banquet \$60

Display Information:

Does your display require:

- An 8' table for display? Yes No
- Additional Tables \$200 Yes No How Many _____
- Electricity (power outlet) needed? Yes No _____
- Additional special equipment or requests? (Please identify) _____

Please complete and return by mail or fax (507-538-7234) this form by Monday, March 29th, 2010.
Your signed letter of agreement (payable to Mayo Clinic, Federal ID# 41-6011702) should be received by Monday, March 29th to:

Kari Schilling
Mayo School of Continuous Professional Development
Plummer 2-60
200 First Street SW
Rochester, Minnesota 55905
Fax: 507-538-7234
Email: schilling.kari@mayo.edu



Mayo School of Continuous Professional Development

Exhibitor Agreement
Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: American Osler Society and American Association for the History of Medicine

Location: Rochester, MN Date(s): April 29 – May 1, 2010

Agreement between: ACCREDITED PROVIDER (PROVIDER):
Mayo Clinic College of Medicine – Mayo School of CPD
AND

EXHIBITOR: _____

Telephone: _____ Fax _____ Email _____

The named EXHIBITOR wishes to exhibit at the above named activity for the amount of
\$ \$350.

TERMS AND CONDITIONS

- EXHIBITOR agrees to abide by ACCME Standards for Commercial Support as stated at 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." "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 in the place of the CME activity.**"
- EXHIBITOR may distribute promotional materials at their exhibit space only. Distribution of drugs or other samples is prohibited.
- All commercial support 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 sponsor, 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 booth space.
- PROVIDER reserves the right to assign exhibit space or relocate exhibits at its discretion.
- PROVIDER **Federal Tax ID number is 41-6011702.**
Please remit check payable to: Mayo Clinic. Please identify name of course on the check stub.

AGREED

EXHIBITOR Representative: _____
(Name) (Signature)

PROVIDER Representative: Mayo Clinic
Kari Schilling
200 First Street SW
Plummer 2-60
Rochester, MN 55905
Telephone: 507-284-4370 (Signature) _____
Fax: 507-538-7234