MAYO CLINIC

Dear Potential Exhibitor:

On behalf of Course Directors, Doctors Kyle Klarich and Amy Pollak, and the Mayo School of Continuous Professional Development, I am inviting you to exhibit at the Annual **Snowmass Cardiovascular: Cases, Controversies, and Challenges** course which had been previously run via ACC. The dates for 2026 are January 5-9 in Snowmass at The Viewline. Each year, we have approximately 250+ cardiologists, anesthesiologists, surgeons, PAs, and RNs.

The course will update your knowledge of current diagnostic and therapeutic strategies of patients with cardiovascular disease. More than half of Snowmass attendees return, a testament to the excellent quality of the conference which has a more than 50-year history. If you are a first-time attendee, you will find a unique conference that features state-of-the-art knowledge aligned with practical decision-making set in an interactive program that includes discussions, case presentations and debates. The faculty, comprising renowned experts and investigators, will offer insights and practical clinical advice for dealing with common cardiovascular problems incorporating the latest research and clinical guidelines focusing on the last two years.

In the program we have provided ample time for participants to review the latest updates from your company via in-person exhibits. Viewing is available during all meal functions. An exhibit fee of $3,000 is requested. Funds will be used towards the exhibit space which will include 10x10 space, acknowledgement on signage and on-line syllabus. If you are interested in exhibiting, please complete and return the attached *Written Exhibit Agreement.* Checks can be made payable to Mayo Clinic (Federal ID #41-6011702) and sent to the attention of Sheila Fick, Mayo Clinic, 200 First Street SW/SN 03-302CE, Rochester, MN 55905.

- Credit Card or Check payable to: **Mayo Clinic (Reference Snowmass)**
- Tax ID: **41-6011702**
- Mail this payment to: **Mayo Clinic**
  ATTN: Sheila Fick
  200 1st Street SW/SN 03-302CE
  Rochester, MN 55905

- *The arrangement to participate in this event represents a fair market value transaction for bona fide services rendered to NPC, and is specifically made without intent to induce or reward referrals for the purchase of NPC products.*
- *The payment is intended to cover only the costs related to the agreed upon promotional activities.*
- *NPC funds will not be used for items that are not permitted by applicable industry code requirements, and will not be used to remunerate any individual healthcare professional (HCP), nor will any funds be used to support any Independent Charitable Co-Pay Assistance programs.*
- *The exhibit payment is not an unrestricted charitable contribution or educational grant for accredited or non-accredited continuing medical education*
- *This payment will be reported where applicable to meet Federal and State Sunshine Disclosure laws*

Please e-mail the attached Letter of Agreement to Sheila Fick at fick.sheila@mayo.edu. If you have further questions, please feel free to contact me at 507-261-8178. We hope you will be able to join us in this exciting educational endeavor.

Sincerely yours,

Sheila Fick

Sheila M. Fick
Mayo Clinic

Enclosures

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
Snowmass Cardiovascular Cases, Controversies and Challenges	26R02060
Activity Location (Venue, City, State)	Dates
The Viewline - Snowmass, CO	January 5-9, 2026
Activity Contact(s) [CMES/EAC Name(s)]	
Sheila Fick/Dana Rasmussen	
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): $	

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)*
	Amy Whitby	

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 or Wire Transfer

For payment by credit card or wire transfer, call the MCSCPD office at 1-800-323-2688.

Send payment to:
Mayo Clinic – MCSCPD
200 First St SW, Plummer 2-60
Rochester, MN 55905

■ **Other** CVCME

Federal Tax Identification 41-6011702

☐ Check

☐ Credit Card or Wire Transfer

For payment by credit card or wire transfer, call:
800-283-6296

Send payment to:

Mayo Clinic
ATT: Sheila FIck
200 1st Street SW/SN03-302CE
Rochester, MN 55905

Print