



A collaboration among the University of Minnesota,
University of Minnesota Physicians and Fairview Health Services

March 19, 2026

Hello,

We are pleased to announce the 27th Annual Cutting Edge in Transplant Conference on Tuesday, May 19th, 2026. The conference, titled Innovation, Integration, Impact, will be held at the Graduate Hotel on the University of Minnesota Campus. Participants will also have the option to join the conference virtually via Zoom. Organ transplantation remains a dynamic field of continued interest and excitement. The 2026 Cutting Edge in Transplantation Conference will highlight the organ allocation system, opportunities for increasing living donors, and care of transplant recipients. In past years this conference has been attended by healthcare professionals including physicians, nurses, pharmacists, care coordinators, social workers, and other allied health care providers. We expect about 80 in-person attendees and about 150 virtual attendees, based on previous years' attendance.

The Cutting Edge Conference Planning Committee is excited to continue our partnership with the University of Minnesota Interprofessional Continuing Education Department again this year to be able to offer Joint Accreditation with credit designations for Accreditation Council for Pharmacy Education (ACPE), the American Nurses Credentialing Center (ANCC). The course will also provide American Board for Transplant Certification (ABTC) credits to provide continuing education for the healthcare team.

We are extending invitations for support to a limited number of organizations. We are requesting your support with an in-person exhibit opportunity at the rate of \$3,000. This includes a table for a table-top display, two chairs located in the exhibit space outside the meeting room, continental breakfast, refreshment break, and lunch for two representatives, acknowledgement in course materials and online as a course exhibitor (by name, no logo), and an opt-in list of attendees by name and affiliation.

Please complete the Exhibitor Agreement Form below and return it to Kristine Hinton as soon as possible. Don't miss your chance to exhibit! Spots are available on a first-come, first-served basis—submit your form now to secure your space.

Please email Kristine Hinton (Kristine.Hinton@fairview.org) with any questions.

We sincerely appreciate your support of this M Health Fairview educational activity and thank you for your consideration of this request.

We hope to see you at our conference,

Michelle James, MS, RN, CNS, CCTN

27th Annual Cutting Edge Planning Committee





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Exhibitor Agreement Form:

Our company will exhibit at the Cutting Edge in Transplantation Conference on Tuesday, May 19, 2026. I understand that by submitting this form, I am committed to the exhibit opportunity as described in the above invitation letter. I also acknowledge that I understand the exhibitor policy:

In accordance with the policies of the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), the American Nurses Credentialing Center (ANCC), and the display policy of the University of Minnesota Medical School Office of Continuing Professional Development, as an exhibitor (defined as a company that has purchased a display table as an advertisement), you agree to the following conditions:

1. All exhibitors must be in a room or area separate from the educational activity and the exhibits must not interfere or in any way compete with the learning experience.
2. Exhibitors shall have no control over:
 - Identification of Continuing Education needs;
 - Determination of educational objectives;
 - Selection and presentation of content;
 - Selection of all persons and organizations that will be in a position to control the content of the CME activity
 - Selection of educational methods
 - Evaluation of the activity.

Signature: _____

Company Name: _____

Company Contact Person: _____

Email Address: _____

Phone Number: _____

Billing Address: _____

Name of Company Representative who will attend: _____

Email: _____

Name of Company Representative who will attend: _____

Email: _____

