

# Registration Form

Register Online at [www.aasld.org](http://www.aasld.org)

**COMPLETE BOTH SIDES OF THIS FORM. ADVANCE REGISTRATION DEADLINE:**

**OCTOBER 3, 2008. For more information and/or questions, please call the AASLD Registration Manager at 856-439-9987 or email: [aasld@ahint.com](mailto:aasld@ahint.com)**

Please Print Clearly

FIRST NAME \_\_\_\_\_ LAST NAME/FAMILY NAME \_\_\_\_\_ DEGREE \_\_\_\_\_

AFFILIATION/ORGANIZATION \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ EMAIL \_\_\_\_\_

COUNTRY PHONE CODE \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CELL PHONE NUMBER ( FOR EMERGENCY ONLY) \_\_\_\_\_

**NOTICE TO TRAINEES:** The following section must be completed by your program director to register as a trainee for any meeting/course.

I \_\_\_\_\_ certify that Dr. \_\_\_\_\_

(TRAINING PROGRAM DIRECTOR) (PRINT NAME)

(TRAINEE)

is a resident/trainee at \_\_\_\_\_

SIGNATURE (TRAINING PROGRAM DIRECTOR) \_\_\_\_\_ TRAINING PROGRAM DIRECTOR'S PHONE \_\_\_\_\_

TRAINING PROGRAM DIRECTOR'S EMAIL \_\_\_\_\_

## PAYMENT INFORMATION

Total for all events \$ \_\_\_\_\_00

Payment must accompany this form in order to be processed. No registration will be processed without proper payment.

**Type of Payment** (Wire transfers, cash, and purchase orders will not be accepted.)

**Check payable to AASLD** in U.S. Funds drawn on a U.S. bank Check # \_\_\_\_\_

**Credit Card Payment**  Visa  MasterCard  American Express

(You must provide the three- or four-digit security code on the front or back of your card.)

CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

AUTHORIZED NAME ON CARD (PLEASE PRINT) \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

## REFUND POLICY

All fees will be refunded on cancellations received by October 10, 2008. Cancellations received after October 10 will be subject to a \$50 administrative fee. A written request of cancellation is required. Meeting badge and tickets must accompany the cancellation request. Refunds will not be processed until after the meeting. All cancellations received on or after OCTOBER 31, 2008 will not be refunded.

**THERE ARE NO REFUNDS FOR THE MEET-THE-PROFESSOR LUNCHEONS OR EARLY MORNING WORKSHOPS.**

## ♿ SPECIAL NEEDS

Please check here if you require special assistance to fully participate in the meeting. The American Association for the Study of Liver Diseases fully complies with the legal requirements of the Americans with Disabilities Act rules and regulations. If any participant in The Liver Meeting® is in need of special accommodation, please submit a written request outlining your needs.

**PAYING BY CREDIT CARD?** Fax both sides of this form to: 508-759-4552

**PAYING BY CHECK?** Mail to: AASLD Registration; c/o Convention Data Services, 107 Waterhouse Road, Bourne, MA 02532

Federal Tax ID# 23-7373091

**COMPLETE BOTH SIDES OF THIS FORM**

## PLEASE COMPLETE THIS SECTION:

### 1. I am a:

- Fellow  Practitioner  
 Mid-level Provider  Resident  
 Industry Representative  Surgeon  
 Other: \_\_\_\_\_

### 2. What is/are your primary area(s) of specialty? (check all that apply)

- Hepatology  Liver Transplantation  
 Clinical Pharmacology  Pathology  
 Epidemiology  Pediatrics  
 Gastroenterology  Radiology  
 Immunology  Science  
 Infectious Diseases  Surgery  
 Internal Medicine  Virology  
 Other: \_\_\_\_\_

### 3. What one term best describes your professional activities?

- Administration  Education/Training  
 Basic Research  Patient Care  
 Clinical Research  Industry Representative  
 Other: \_\_\_\_\_

### 4. Years in practice

- Less than 5 years  5 – 10 years  
 11 – 20 years  20+ years  
 Not applicable

### 5. Do you have an academic appointment?

- Yes  No

#### If yes, what is your title/rank?

- Assistant Professor  Instructor  
 Associate Professor  Professor  
 Clinical Professor  
 Other: \_\_\_\_\_

### 6. What is your practice setting?

- Academic  Multi Specialty Group  
 GI Group  Solo  
 Hospital or HMO  
 Other: \_\_\_\_\_

### 7. Are you formally linked to a transplant center?

- Yes  No

### 8. What percentage of your time is devoted to patient care?

- Less than 25%  25%  
 50%  75%  
 100%  Not applicable

### 9. What percentage of your practice is devoted to liver disease?

- Less than 25%  25%  
 50%  75%  
 100%  Not applicable

### 10. If 50% or more of your practice is devoted to liver disease, what percentage of that time is directly related to a transplant center?

- Less than 25%  25%  
 50%  75%  
 100%  Not applicable

### 11. Is this your first time attending The Liver Meeting®?

- Yes  No

### 12. If no, how often do you attend The Liver Meeting®?

- Every year  Every other year  
 Varies

### 13. What is your gender?

- Male  Female

### 14. How many times do you plan to visit the exhibit hall?

- 1 time  2 times  
 3 times  4+ times  
 None

### 15. How did you find out about The Liver Meeting®?

- Colleague  Journal Ad  
 Mailing  AASLD NEWS/ENews  
 AASLD Website  Broadcast Email  
 Other: \_\_\_\_\_

# Registration Form Side Two **COMPLETE BOTH SIDES OF THIS FORM**

Please complete pages 35 & 36 of the Registration Form and **fax both pages to 508-759-4552**. Circle the appropriate registration type and fee. Registration will not be processed without proper payment. Register by October 3 to receive advance rates. Regular registration fees will apply to any registration not received by October 3.

REGISTRANT'S NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

**CIRCLE THE APPROPRIATE REGISTRATION TYPE AND FEE.**

**ANNUAL MEETING**

State-of-the-Art Lectures; Plenaries, Parallel, and Poster Sessions; General Hepatology Update; Alcohol Symposium; NAFLD Update, President's Choice; Advances for Practitioners; and Exhibit Hall

<b>Sunday - Tuesday, November 2 - 4</b>	<b>ADVANCE</b>	<b>REGULAR</b>
1. AASLD or IASL Member	NC	NC
2. AASLD or IASL Trainee Member	NC	NC
3. AASLD or IASL Hepatology Associate Member	NC	NC
4. Non-Member	\$320	\$420
5. Trainee Non-Member	\$75	\$175
6. Hepatology Associate Non-Member	\$75	\$175

**CAREER DEVELOPMENT WORKSHOP\***

This course is designed specifically for the hepatology trainee.

<b>Friday, October 31</b>	<b>ADVANCE</b>	<b>REGULAR</b>
1. Trainee Member	\$35	\$45
2. Trainee Non-Member	\$35	\$45

\*Includes lunch

**POSTGRADUATE COURSE**

<b>Friday - Saturday, October 31 - November 1</b>	<b>ADVANCE</b>	<b>REGULAR</b>
1. AASLD or IASL Member	\$405	\$505
2. AASLD or IASL Trainee Member	\$160	\$260
3. AASLD or IASL Hepatology Associate Member	\$160	\$260
4. Non-Member	\$590	\$690
5. Trainee Non-Member	\$230	\$330
6. Hepatology Associate Non-Member	\$230	\$330

**POSTGRADUATE COURSE MEET-THE-PROFESSOR LUNCHEONS**

<b>Saturday, November 1</b>	<b>ADVANCE</b>	<b>REGULAR</b>
1. Member	\$50	\$60
2. Non-Member	\$50	\$60

See page 12 for topics. Please list by number in order of preference.

Choices: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

**EARLY MORNING WORKSHOPS**

<b>Sunday-Tuesday, November 2 - 4</b>	<b>ADVANCE</b>	<b>REGULAR</b>
1. Member	\$25	\$35
2. Non-Member	\$45	\$55

See pages 15, 16 & 17 for workshop topics. Please list by number in order of preference. The fee indicated is per workshop/per day.

**Sunday, November 2**

Choices: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

**Monday, November 3**

Choices: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

**Tuesday, November 4**

Choices: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

**BASIC RESEARCH WORKSHOP**

<b>Sunday, November 2</b>	<b>ADVANCE</b>	<b>REGULAR</b>
1. Member	\$70	\$120
2. Trainee Member	\$55	\$105
3. Hepatology Associate Member	\$55	\$105
4. Non-Member	\$90	\$140
5. Trainee Non-Member	\$60	\$110
6. Hepatology Associate Non-Member	\$60	\$110

**HEPATOLOGY ASSOCIATES COURSE**

This course is designed specifically for the hepatology associate.

<b>Sunday, November 2</b>	<b>ADVANCE</b>	<b>REGULAR</b>
1. Member	\$70	\$120
2. Non-Member	\$110	\$160

**AASLD/NCI NIH CORNER**

**Sunday, November 2**

Admittance is first-come, first-serve but please tell us if you plan to attend

\_\_\_\_ Yes, I will attend the AASLD/NIH Corner.

\_\_\_\_ No, I will not attend the AASLD/NIH Corner.

COUNTRY PHONE CODE \_\_\_\_\_ PHONE \_\_\_\_\_

FAX \_\_\_\_\_

**AASLD/CDC CORNER**

Monday, November 3

Admittance is a first-come, first-serve but please tell us if you plan to attend

\_\_\_\_ Yes, I will attend the AASLD/CDC Corner

\_\_\_\_ No, I will not attend the AASLD/CDC Corner

**NETWORKING BREAKFAST FOR WOMEN IN HEPATOLOGY**

**Sunday, November 2**

This breakfast is complimentary, but please tell us if you plan to attend.

\_\_\_\_ Yes, I will attend the Networking Breakfast.

\_\_\_\_ No, I will not attend the Networking Breakfast.

**FOCUSED STUDY GROUPS** — Note: space is limited to 50 participants per session. Admittance is first-come, first-serve. There is no fee however preference will be given to AASLD members until September 15. Please tell us if you plan to attend any of the following sessions. All Focused Study Groups will be held Monday, November 3. See pages 24-26 for topics.

\_\_\_\_ **Focused Study Group 1 (FSG-1)**

\_\_\_\_ **Focused Study Group 2 (FSG-2)**

\_\_\_\_ **Focused Study Group 3 (FSG-3)**

\_\_\_\_ **Focused Study Group 4 (FSG-4)**

\_\_\_\_ **Focused Study Group 5 (FSG-5)**

**MINI-SYMPOSIUM** — Note: space is limited to 150 participants per session.

**Mini-Symposium 1 — Cell-cell Crosstalk Within the Liver**

**Monday, November 3**

	<b>ADVANCE</b>	<b>REGULAR</b>
1. Member	\$60	\$110
2. Non-Member	\$85	\$135

**Mini-Symposium 2 — Clinical Applications of Molecular Tools in Hepatocellular Carcinoma: Are We There Yet?**

**Monday, November 3**

	<b>ADVANCE</b>	<b>REGULAR</b>
1. Member	\$60	\$110
2. Non-Member	\$85	\$135

**AASLD/ILTS TRANSPLANT COURSE**

**Friday, October 31**

	<b>ADVANCE</b>	<b>REGULAR</b>
1. Member	\$160	\$210
2. Trainee Member	\$90	\$140
3. Hepatology Associate Member	\$90	\$140
4. Non-Member	\$240	\$290
5. Trainee Non-Member	\$100	\$150
6. Hepatology Associate Non-Member	\$100	\$150

**AASLD/NASPGHAN PEDIATRIC SYMPOSIUM**

**Friday, October 31**

	<b>ADVANCE</b>	<b>REGULAR</b>
1. Member	\$140	\$190
2. Trainee Member	\$65	\$115
3. Hepatology Associate Member	\$65	\$115
4. Non-Member	\$240	\$290
5. Trainee Non-Member	\$85	\$135
6. Hepatology Associate Non-Member	\$85	\$135

**AASLD/ASGE ENDOSCOPY COURSE**

**Friday, October 31**

	<b>ADVANCE</b>	<b>REGULAR</b>
1. Member	\$220	\$270
2. Trainee Member	\$60	\$110
3. Hepatology Associate Member	\$60	\$110
4. Non-Member	\$340	\$390
5. Trainee Non-Member	\$80	\$130
6. Hepatology Associate Non-Member	\$80	\$130

**IASL POSTGRADUATE COURSE AND SCIENTIFIC SESSIONS**

**Friday - Sunday, October 31 - November 2**

	<b>ADVANCE</b>	<b>REGULAR</b>
1. AASLD or IASL Member	\$150	\$200
2. Non-Member	\$200	\$250
3. Trainee	\$100	\$120

AASLD's official photographer will be taking pictures throughout The Liver Meeting® 2008. By registering to attend The Liver Meeting® 2008, you consent to the use of any of these photos in which you may appear in future AASLD materials.