

## The Liver Meeting® 2020 Exhibit Space Application and Contract

Upon acceptance of this contract by AASLD, the undersigned company agrees to the conditions, rules and regulations outlined below, printed in the exhibitor prospectus and/or on [aasld.org](http://aasld.org) and contained in the exhibitor's manual. The undersigned company further agrees that AASLD shall have full power to interpret and enforce all regulations contained herein, and the power to make such amendments and such further rules and regulations as may be deemed necessary for the proper conduct of the exhibition. Failure to abide by such rules and regulations may result in forfeiture of all monies paid or due to AASLD, loss of priority points, loss of ability to exhibit in future years, and any other remedy in AASLD's sole discretion.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Important: Please type or print clearly. This information as it is provided below will be used in both print and electronic exhibitor listings.**

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone (For inclusion in the final program) \_\_\_\_\_

Fax (For inclusion in the final program) \_\_\_\_\_

Email (For inclusion in the final program) \_\_\_\_\_

Web Site (For inclusion in the final program) \_\_\_\_\_

Submitted by \_\_\_\_\_

Contact person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

### Payment Information

- Check Payment # \_\_\_\_\_
- Credit Card Payment (A 3% non-refundable administrative fee will be added to all credit card payments.)
- Visa     MasterCard     American Express     Discover

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Name as it appears on Credit Card \_\_\_\_\_

Billing Address \_\_\_\_\_

### Fees (initial \_\_\_\_\_)

Full payment must accompany this application in US Dollars. Checks should be made payable to AASLD and sent to: **AASLD, Attn: Exhibit Processing, 1001 North Fairfax Street, 4th Floor, Alexandria, VA 22314.** Credit card payments may be faxed to: 703-299-9622.

### Cancellations/Downsizing (initial \_\_\_\_\_)

Cancellations and downsizing of booth notifications must be submitted in writing to AASLD by **July 1, 2020**. Please see information in the prospectus regarding specific cancellation and downsize information, dates and fees.

### Booth Selection

All booths will be equipped with 8-foot backdrop and 3-foot side draperies. The basic rate includes: watchman, daily cleaning of aisles, and a 7-inch x 44-inch identification sign indicating your company name, city, state, and booth number(s). You are required to fully carpet booth space.

- Total number of booths requested: \_\_\_\_\_
- Preferred location: \_\_\_\_\_

Booth Choice	1.	2.	3.	4.
Price	\$ _____	\$ _____	\$ _____	\$ _____

Management reserves the right to rearrange the floor plan or relocate booths. (initial \_\_\_\_\_)

- List any probable exhibitor you wish to be near: \_\_\_\_\_
- List any probable exhibitor you do not wish to be near: \_\_\_\_\_
- Booth/product category (select all that apply):
 

<input type="checkbox"/> Computers/Software	<input type="checkbox"/> Patient Information
<input type="checkbox"/> Lab Services/Equipment	<input type="checkbox"/> Pharmaceuticals
<input type="checkbox"/> Market Research	<input type="checkbox"/> Publications/Books
<input type="checkbox"/> Medical Equipment/ Devices	<input type="checkbox"/> Specialty Pharmacy
<input type="checkbox"/> Nonprofit Organization	<input type="checkbox"/> Other _____
- Market research firms must indicate corporate/pharmaceutical client(s) \_\_\_\_\_
- Company Description: (initial \_\_\_\_\_)  
*A 50-word description of your company's services and products should be e-mailed to [sgrant@aasld.org](mailto:sgrant@aasld.org) no later than July 1, 2020, for inclusion in the Program Book and web listing. AASLD reserves the right to edit any descriptions that exceed the 50-word limit.*
- In August 2020 you will receive a link to access the Exhibitor Services Online Manual.
- Please provide the following information:

Chief Marketing Officer \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Chief Medical Officer \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### 10. Primary Medical Education/Grants Contact:

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### AASLD OFFICE USE ONLY

Date Received _____	Booth(s) Assigned _____	Dimensions _____
Cost of Booths _____	Deposit Received _____	Balance Due _____

### BOOTH PRICES

Standard Booth Size: 10 ft x 10 ft	Inline Booth: \$3,000 Corner Booth: \$3,200	Island Booth: \$34/sq. ft Nonprofit: \$525
Maximum Booth Size: 40 ft x 40 ft		