## Industry-supported Satellite Symposia Event Application

### Applicant Information

<table>
<thead>
<tr>
<th>Program Title</th>
<th>CME Provider</th>
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<tbody>
<tr>
<td>Program Director Name</td>
<td></td>
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<tr>
<td>Communications Company</td>
<td></td>
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<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Country</td>
<td>Phone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Industry Supporter</th>
<th>Contact Name</th>
<th>Title</th>
<th>Email Address</th>
<th>Phone</th>
</tr>
</thead>
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### Space Request

**(Every effort will be made to accommodate requests; however, no guarantees can be made.)**

- **Preferred Date** – please rank 1-3
  - Saturday, Nov 14
  - Sunday, Nov 15
  - Monday, Nov 16

- Anticipated size of audience?
  - Food service planned? [YES] [NO]
  - If yes, type of service (i.e. reception, buffet, plated dinner): _______________

- **Setup Preferred:**
  - [ ] Theater
  - [ ] Classroom
  - [ ] Crescent Rounds
  - [ ] Rounds
  - [ ] Other __________________________

- Competitors you prefer not to be scheduled against:
  - 1) ______________
  - 2) ______________
  - 3) ______________

### In Addition to the Above Information, Proposals Must Include the Following

- [ ] Program abstract
- [ ] Learning objectives
- [ ] Program agenda
- [ ] Names and credentials of proposed faculty
- [ ] General plan for marketing the symposium

### Disclaimer and Signature

By submitting this application, the organizer acknowledges understanding of AASLD’s guidelines and restrictions regarding industry-supported satellite symposia and agrees to abide by them.

**Signature**

**Date**

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Submit this form along with all materials by **June 26, 2020** to:

- **AASLD**
- **Attn: Melissa Morrison**
- **Email to:** mmorrison@aasld.org
- **Phone:** 571-308-3021

*For office use only*

- **Application received:** ________________
- **Payment received:** ________________
- **Date:** ________________

- **Agreement received:** ________________
- **Space Assigned:** ________________