



## DIGITAL SATELLITE SYMPOSIUM APPLICATION

APPLICANT INFORMATION					
Program Title					
Program Director Name				CME Provider	
Communications Company					
Contact Name				Title	
Address				City, State, Zip	
Country		Phone		Email Address	
Industry Supporter				Contact Name	
Email Address				Phone	
SPACE REQUEST (every effort will be made to accommodate requests; however, no guarantees can be made)					
Preferred Date <i>please rank 1-3</i>	Friday, November 12 ____		Saturday, November 13 ____		Sunday, November 14 ____
Competitors you <b>prefer</b> not to be scheduled against:					
1)	2)		3)		4)
Would you like to be contacted if an in-person component becomes available? <input type="checkbox"/> Yes <input type="checkbox"/> No					
IN ADDITION TO THE ABOVE INFORMATION, PROPOSALS MUST INCLUDE THE FOLLOWING					
<input type="checkbox"/> Program abstract	<input type="checkbox"/> Learning objectives		<input type="checkbox"/> Program agenda		
<input type="checkbox"/> Names and credentials of proposed faculty			<input type="checkbox"/> 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	

Submit this form along with all materials by **July 9, 2021** to:  
Heather Cooney – [hcooney@asld.org](mailto:hcooney@asld.org)