



# PRODUCT THEATER APPLICATION

## PRODUCT THEATER SELECTION

_____ 30 Minute Product Theater: \$40,000	_____ Pre-Recorded Product Theater (Virtual)
_____ 60 Minute Product Theater: \$60,000	_____ Live Product Theater (Virtual)

Would you like this product theater to be on-demand after scheduled time slot?  Yes  No

## APPLICANT INFORMATION

Program Title			
Industry Supporter		Contact Name	
Address		City, State, Zip	
Country		Phone	Email Address

## SPACE REQUEST

TIME SLOT	FRIDAY, NOVEMBER 12	SATURDAY, NOVEMBER 13	SUNDAY, NOVEMBER 14
30 MINUTE SLOT 1	1:00PM-1:30PM ET	11:30AM-12:00PM ET	11:30AM-12:00PM ET
30 MINUTE SLOT 2	1:30PM-2:00PM ET	12:00PM-12:30PM ET	12:00PM-12:30PM ET
30 MINUTE SLOT 3	2:00PM-2:30PM ET	2:30 PM-3:00 PM ET	2:30 PM-3:00 PM ET
30 MINUTE SLOT 4	2:30PM-3:00PM ET	3:00 PM-3:30 PM ET	3:00 PM-3:30 PM ET
60 MINUTE SLOT 1	1:00PM-2:00PM ET	11:30AM-12:30PM ET	11:30AM-12:30PM ET
60 MINUTE SLOT 2	2:00PM- 3:00PM ET	2:30PM-3:30PM ET	2:30PM-3:30PM ET

**Please list your preferred timeslot:** Every effort will be made to accommodate requests; however, no guarantees can be made. Space will be assigned on first come, first serve basis.

1)	2)	3)
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Entities you **prefer** not to be scheduled against:

1)	2)	3)
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## DISCLAIMER AND SIGNATURE

By submitting this application, the organizer acknowledges understanding of AASLD's Product Theaters Guidelines and Agreement and agrees to abide by them and The Liver Meeting® Exhibitor Contract Terms & Conditions.

Signature	Date
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Submit this form along with all materials by **September 17, 2021** to:  
Heather Cooney – [hcooney@asld.org](mailto:hcooney@asld.org)