



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 Timeslot – Please rank 1-4					
8:00 AM-10:00 AM ET Saturday, November 13 _____		7:00 PM-9:00 PM ET Saturday, November 13 _____		8:00-10:00 AM ET Sunday, November 14 _____	
				7:00 PM-9:00 PM ET Sunday, November 14 _____	
Competitors you prefer not to be scheduled against:					
1)		2)		3)	
				4)	
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