



PRODUCT THEATER APPLICATION

PRODUCT THEATER SELECTION

_____ 30 Minute Product Theater: \$40,000	_____ 60 Minute Product Theater: \$60,000
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Would you like this product theater to be on-demand for TLMdX after scheduled time slot? Yes No
Note: will incur additional AV fees for capturing product theater

APPLICANT INFORMATION

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

SPACE REQUEST

TIME SLOT	SATURDAY, NOVEMBER 5	SUNDAY, NOVEMBER 6	MONDAY, NOVEMBER 7
30 MINUTE SLOT 1	10:30 AM-11:00 AM	10:30 AM-11:00 AM	10:30 AM-11:00 AM
30 MINUTE SLOT 2	11:00 AM-11:30 AM	11:00 AM-11:30 AM	11:00 AM-11:30 AM
30 MINUTE SLOT 3	1:00 PM-1:30 PM	1:00 PM-1:30 PM	1:00 PM-1:30 PM
30 MINUTE SLOT 4	2:00 PM-2:30 PM	1:30 PM-2:00 PM	1:30 PM-2:00 PM
60 MINUTE SLOT 1	10:30 AM-11:30 AM	10:30 AM-11:30 AM	10:30 AM-11:30 AM
60 MINUTE SLOT 2	1:15 PM-2:15 PM	1:00 PM-2:00 PM	1:00 PM-2:00 PM

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 supporter acknowledges and agrees to comply with AASLD's Product Theater Rules & Regulations and The Liver Meeting® Exhibitor Contract Terms & Conditions. Upon signature of the Product Theater Application, the agreement is binding, even if the supporter has not yet paid.

Signature	Date
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Submit this form along with all materials by July 15, 2022 to exhibits@asld.org