

APPLICANT INFORMATION

Program Title			
Program Director Name		CME Provider	
Communications Company			
Contact Name		Title	
Address		City, State, Zip	
Country		Phone	
Industry Supporter		Contact Name	
Email Address		Phone	

PREFERRED TIMESLOT (RANK 1-6) *please note lunch timeslot is 90 minutes

7:00 AM– 9:00 AM ET Saturday, November 5 _____	12:00 PM – 1:30 PM ET* (Convention Center) Saturday, November 5 _____	7:30 PM-9:30 PM ET Saturday, November 5 _____
7:00 AM– 9:00 AM ET Sunday, November 6 _____	6:30 PM-8:30 PM ET Sunday, November 6 _____	6:30 PM-8:30 PM ET Sunday, November 6 _____

FORMAT

Select your format preference for your Satellite Symposia: Virtual Only In-Person Only
 Note: In-person Satellite Symposia may add a virtual component at their own expense

IN-PERSON SPACE REQUEST

Anticipated Audience Size: _____ Food Service: Yes No If yes, type of service (buffet, plated): _____

Room Setup Requested: Theater Classroom Crescent Rounds Rounds Other: _____

Competitors you **prefer** not to be scheduled against:

1) _____	2) _____	3) _____
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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	
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