

APPLICANT INFORMATION			
Program Title			
CME Provider			
Communications Company			
Contact Name		Title	
Address		City, State, Zip & Country	
Email		Phone	
Industry Supporter		Contact Name	
Email		Phone	
PREFERRED TIMESLOT (RANK 1-6)			
90-minute Lunch Slot at San Diego Convention Center (\$65,000) 12:30-2:00 PM:			
Friday, November 15 _____	Saturday, November 16 _____	Sunday, November 17 _____	Monday, November 18 _____
120-minute Dinner Slot at Hotel (\$60,000) 7:30-9:30 PM:			
Friday, November 15 _____		Saturday, November 16 _____	
FORMAT			
Select your format preference for your Satellite Symposia: <input type="checkbox"/> Virtual Only <input type="checkbox"/> In-Person Only			
<i>Note: In-person Satellite Symposia may add a virtual component at their own expense</i>			
IN-PERSON SPACE REQUEST			
Anticipated Audience Size:	Catering: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of service (buffet, plated):	
Room Setup Requested: <input type="checkbox"/> Theater <input type="checkbox"/> Classroom <input type="checkbox"/> Crescent Rounds <input type="checkbox"/> Rounds <input type="checkbox"/> Other:			
Competitors you prefer not to be scheduled against:			
1)	2)	3)	
PROPOSALS MUST INCLUDE THE FOLLOWING			
<input type="checkbox"/> Program	<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	
INDUSTRY PROGRAMMING GUIDE ADVERTISEMENT (OPTIONAL ADD-ON)			
<input type="checkbox"/> Back Cover Ad SOLD	<input type="checkbox"/> Full Page Ad \$5,000	<input type="checkbox"/> Half Page Ad \$3,000	
DISCLAIMER AND SIGNATURE			
By submitting this application, the organizer acknowledges receipt of AASLD's guidelines and restrictions regarding industry-supported satellite symposia and agrees to abide by them.			
Signature		Date	