

TLM THEATER APPLICATION

PRESENTATION SELECTION								
	30-M	inute Presentat	ion: \$40,000		45-M	linute Presentation	: \$50,000	
APPLICANT IN	IFORMATION							
Program Title								
Industry Supporter				Contact Na	me			
Email			Phone	Phone				
Address				City, State, & Country	Zip			
Communications Company (if applicable)			Contact Na	Contact Name				
Email					Phone			
PREFERRED TIMESLOT								
	TIME SLOT	LENGTH	LENGTH SUNDAY, NO		MONDAY,	NOVEMBER 18		
	SLOT 1		s 10:00 A	10:00 A SOLD AM		10:00 AN SOLD AM		
SLOT 2		30 Minute		12:30 (SOLD PM		12:30 P SOLD .'M		
SLOT 3		30 Minute	30 Minutes 1:30 F		1:30 P	MI-2:00 PM		
SLOT 4		45 Minute	s 3:30 P	3:30 P SOLD PM		3:30 PM-4:15 PM		
Please list your preferred timeslot and date. Every effort will be made to accommodate requests; however, no guarantees can be made. Space will be assigned on a first come, first serve basis. The AASLD Exhibit Hall will have two (2) concurrent TLM Theaters.								
1)			2)		3)			
Competitors you prefer not to be scheduled against:								
1)			2))		3)		
INDUSTRY PROGRAMMING GUIDE ADVERTISEMENT (OPTIONAL ADD-ON)								
Back Cov	SOLD	00	Full Pag	Full Page Ad: \$5,000		Half Page Ad: \$3,000		
DISCLAIMER AND SIGNATURE								
By submitting this application, the supporter acknowledges and agrees to comply with AASLD's TLM Theater Rules & Regulations and The Liver Meeting® Exhibitor Contract Terms & Conditions. Upon signature of the TLM Theater Application, the agreement is binding, even if the supporter has not yet paid.								
Signature					Date	Date		