

TLM THEATER APPLICATION

PRESENTATION SELECTION

_____ 30-Minute Presentation: \$40,000	_____ 45-Minute Presentation: \$50,000
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APPLICANT INFORMATION

Program Title			
Industry Supporter		Contact Name	
Email		Phone	
Address		City, State, Zip & Country	
Communications Company <i>(if applicable)</i>		Contact Name	
Email		Phone	

PREFERRED TIMESLOT

TIME SLOT	LENGTH	SUNDAY, NOVEMBER 17	MONDAY, NOVEMBER 18
SLOT 1	45 Minutes	10:00 AM - 10:30 AM	10:00 AM - 10:30 AM
SLOT 2	30 Minutes	12:30 PM - 1:00 PM	12:30 PM - 1:00 PM
SLOT 3	30 Minutes	1:30 PM - 2:00 PM	1:30 PM - 2:00 PM
SLOT 4	45 Minutes	3:30 PM - 4:15 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)
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Competitors you **prefer** not to be scheduled against:

1)	2)	3)
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INDUSTRY PROGRAMMING GUIDE ADVERTISEMENT (OPTIONAL ADD-ON)

<input type="checkbox"/> Back Cover Ad: \$500	<input type="checkbox"/> Full Page Ad: \$5,000	<input type="checkbox"/> Half Page Ad: \$3,000
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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
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