

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 the Walter E. Washington Convention Center (\$65,000) 12:30-2:00 PM:

Friday, November 7	Saturday, November 8	Sunday, November 9	Monday, November 10
--------------------	----------------------	--------------------	---------------------

120-minute Dinner Slot at Hotel (\$60,000) 7:30-9:30 PM:

Friday, November 7	Saturday, November 8
--------------------	----------------------

PROGRAM 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:		

PROGRAM DETAILS

Select the research type that best relates to your program: <input type="checkbox"/> Basic <input type="checkbox"/> Clinical <input type="checkbox"/> Translational			
Select the Target Audience(s) for your program:	<input type="checkbox"/> Basic Scientists	<input type="checkbox"/> Associates/APPs	<input type="checkbox"/> Program Directors
	<input type="checkbox"/> Clinical Hepatologists	<input type="checkbox"/> Pediatric Hepatology	<input type="checkbox"/> Surgeons
	<input type="checkbox"/> Gastroenterologists	<input type="checkbox"/> Pharmacists	<input type="checkbox"/> Transplant Coordinators

PROGRAM DETAILS

Select the track(s) that best relate to your program:	<input type="checkbox"/> Acute Liver Failure and Artificial Liver Support	<input type="checkbox"/> Hepatitis: Other Infections
	<input type="checkbox"/> Acute on Chronic Liver Failure	<input type="checkbox"/> Hepatobiliary Neoplasia
	<input type="checkbox"/> Advanced Practice Providers (NP, PA, RN, PharmD, etc.)	<input type="checkbox"/> Hepatotoxicity
	<input type="checkbox"/> Alcohol-Associated Liver Diseases: Clinical and Experimental	<input type="checkbox"/> Human Cholestatic and Autoimmune Liver Diseases
	<input type="checkbox"/> Biliary Physiology, Transport, Cholangiocyte Biology, and Experimental Cholestasis	<input type="checkbox"/> Inflammation and Immunobiology
	<input type="checkbox"/> Cell and Molecular Biology	<input type="checkbox"/> Liver Fibrogenesis and Non-Parenchymal Cell Biology
	<input type="checkbox"/> Genomics and Precision Medicine	<input type="checkbox"/> Liver Transplantation and Liver Surgery
	<input type="checkbox"/> Gut Liver Axis and Microbiome	<input type="checkbox"/> MASLD and MASH
	<input type="checkbox"/> Health Disparities	<input type="checkbox"/> Metabolic and Genetic Disease
	<input type="checkbox"/> Health Services and Public Health Research	<input type="checkbox"/> Pediatric Hepatology
	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Portal Hypertension and Other Complications of Cirrhosis
	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Vascular Liver Disease, Hemostasis and Thrombosis

PROPOSALS MUST INCLUDE THE FOLLOWING

<input type="checkbox"/> Application	<input type="checkbox"/> Program Abstract
<input type="checkbox"/> Learning Objectives	<input type="checkbox"/> Program Agenda
<input type="checkbox"/> Marketing Plan for Symposium	<input type="checkbox"/> Proposed Faculty (Names & Credentials)

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
-----------	------