

Submit Applications to
exhibits@asld.org

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		Contact Name	
Email		Phone	

PREFERRED TIMESLOT

TIME SLOT	LENGTH	SUNDAY, NOVEMBER 9	MONDAY, NOVEMBER 10
SLOT 1	45 Minutes	10:00 AM - 10:45 AM SOLD	10:00 AM - 10:45 AM SOLD
SLOT 2	30 Minutes	12:30 PM - 1:00 PM SOLD	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	3:00 PM - 3:45 PM SOLD	3:00 PM - 3:45 PM SOLD

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:

PROGRAM DETAILS

Select the research type that best relates to your program: Basic Clinical 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 |

INDUSTRY PROGRAMMING GUIDE ADVERTISEMENT (OPTIONAL ADD-ON)

- | | | |
|---|--|--|
| <input type="checkbox"/> Back SOLD 3,000 | <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