

Submit Applications to [exhibits@asld.org](mailto:exhibits@asld.org)

**PRESENTATION FORMAT**

45-Minute Presentation: \$50,000

**APPLICANT INFORMATION**

Program Title			
Industry Supporter		Contact Name	
Email		Phone	
Address		City, State, Zip & Country	
Communications Company		Contact Name	
Email		Phone	

**PREFERRED TIMESLOT**

SATURDAY, NOVEMBER 7		SUNDAY, NOVEMBER 8	
45 Minute Slot 1	10:00 - 10:45 AM	45 Minute Slot 1	10:00 - 10:45 AM
45 Minute Slot 2/3	12:45 - 1:30 PM	45 Minute Slot 2/3	12:45 - 1:30 PM
45 Minute Slot 4	3:30 PM – 4:15 PM	45 Minute Slot 4	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 three (3) 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)**

Full Page Ad: \$5,500

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. Submission of the TLM Theater Application constitutes a binding agreement, contingent upon the availability of a theater presentation slot at The Liver Meeting® 2026.

Signature

Date