

**INDUSTRY SPONSORED SYMPOSIUM**  
 ACG 2018 Annual Scientific Meeting & Postgraduate Course  
 Pennsylvania Convention Center  
 October 5-10, 2018  
 Philadelphia, PA



Return To: Vice President, Meetings & Exhibitions  
 American College of Gastroenterology  
 6400 Goldsboro Road, Suite 200  
 Bethesda, MD 20817  
 TEL: 301-263-9000  
 FAX: 301-263-9025

**Please fill out one application for each time slot request. Indicate your top 3 preferences for date/time by numbering 1-3 beside the time slots listed below (note: times are filled on a first come, first served basis with priority given to companies who sponsored a symposium at the 2017 Meeting):**

The available time slots designated for symposia programs this year are as follows:

- \_\_\_\_\_ Friday, October 5 5:30 p.m. – 7:30 p.m.
- \_\_\_\_\_ Friday, October 5 7:30 p.m. - 9:30 p.m.
- \_\_\_\_\_ Saturday, October 6 5:30 a.m. - 7:30 a.m.
- SOLD OUT** ~~\_\_\_\_\_ Saturday, October 6 5:30 p.m. – 7:30 p.m.~~
- \_\_\_\_\_ Saturday, October 6 7:30 p.m. - 9:30 p.m.
- \_\_\_\_\_ Sunday, October 7 5:30 a.m. - 7:30 a.m.
- \_\_\_\_\_ Sunday, October 7 7:30 p.m. – 9:30 p.m.
- \_\_\_\_\_ Monday, October 8 5:30 a.m. - 7:30 a.m.
- \_\_\_\_\_ Monday, October 8 7:00 p.m. – 9:00 p.m.
- \_\_\_\_\_ Tuesday, October 9 5:30 a.m. – 7:30 a.m.
- \_\_\_\_\_ Tuesday, October 9 7:00 p.m. – 9:00 p.m.

Preferred room set:  Banquet  Theater  Schoolroom  
 Expected number of attendees: \_\_\_\_\_  
 What is the topic of the symposium? \_\_\_\_\_  
 Will CME be offered to attendees?  Yes  No  
 Will a meal be included?  Yes  No

If you require additional meeting space in conjunction with this symposium, please fill out the information below:  
 Number of attendees: \_\_\_\_\_ Preferred room set: \_\_\_\_\_  
 Date(s): \_\_\_\_\_ Times: \_\_\_\_\_  
 (Please note there is a \$1,000.00 fee per room per day for each additional room)

**PLEASE FORWARD PAYMENT OF \$60,000 TO RESERVE A TIME SLOT FOR YOUR SYMPOSIUM ALONG WITH THIS APPLICATION.**

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Credit Card: \_\_\_\_\_  
 EXP. Date: \_\_\_\_\_ CCV: \_\_\_\_\_  
 Signature: \_\_\_\_\_