

Return To: American College of Gastroenterology  
Meetings & Exhibitions  
6400 Goldsboro Road, Suite 200  
Bethesda, MD 20817  
TEL: 301-263-9000  
FAX: 301-263-9025  
emccubbin@gi.org

**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 2019 Meeting):**

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

_____	Friday, October 23	5:30 p.m. – 7:30 p.m.
_____	Friday, October 23	7:30 p.m. – 9:30 p.m.
_____	Saturday, October 24	5:30 a.m. – 7:30 a.m.
_____	Saturday, October 24	5:30 p.m. – 7:30 p.m.
_____	Saturday, October 24	7:30 p.m. – 9:30 p.m.
_____	Sunday, October 25	5:30 a.m. – 7:30 a.m.
_____	Sunday, October 25	7:30 p.m. – 9:30 p.m.
_____	Monday, October 26	5:30 a.m. – 7:30 a.m.
_____	Monday, October 26	7:00 p.m. – 9:00 p.m.
_____	Tuesday, October 27	5:30 a.m. – 7:30 a.m.
_____	Tuesday, October 27	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.** If you wish to pay by credit card, please fill in the necessary information below. American Express, VISA, and MasterCard accepted. A service fee of 4% will be applied to each credit card payment.

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Credit Card: \_\_\_\_\_

EXP. Date: \_\_\_\_\_ CCV: \_\_\_\_\_

Signature: \_\_\_\_\_