



Return To: Elaine McCubbin - 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	11:00 a.m. – 12:30 p.m.
_____	Friday, October 23	12:30 p.m. - 2:00 p.m.
_____	Saturday, October 24	9:15 a.m. - 10:45 a.m.
SOLD OUT	Saturday, October 24	4:15 p.m. - 5:45 p.m.
SOLD OUT	Saturday, October 24	6:00 p.m. – 7:30 p.m.
_____	Sunday, October 25	9:00 a.m. - 10:30 a.m.
_____	Sunday, October 25	4:45 p.m. – 6:15 p.m.
SOLD OUT	Sunday, October 25	6:15 p.m. – 8:00 p.m.
SOLD OUT	Monday, October 26	11:00 a.m. - 12:30 p.m.
_____	Monday, October 26	12:30 p.m. – 2:00 p.m.
SOLD OUT	Monday, October 26	6:30 p.m. – 8:00 p.m.
_____	Tuesday, October 27	11:00 a.m. – 12:30 p.m.
_____	Tuesday, October 27	12:30 p.m. – 2:00 p.m.
_____	Tuesday, October 27	6:30 p.m. – 7:30 p.m.
_____	Wednesday, October 28	11:00 a.m. - 12:30 p.m.
_____	Wednesday, October 28	12:30 p.m. – 2:00 p.m.
_____	Wednesday, October 28	6:45 p.m. – 7:45 p.m.

What is the topic of the symposium? _____
Will CME be offered to attendees? Yes No

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: _____