



Return To: American College of Gastroenterology
Attn: 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 2020 Meeting):

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

- _____ Friday, October 22 5:30 p.m. – 7:30 p.m.
- _____ Friday, October 22 7:30 p.m. - 9:30 p.m.
- _____ Saturday, October 23 12:45 p.m. – 1:45 p.m.
- _____ Saturday, October 23 5:30 p.m. - 7:30 p.m.
- _____ Saturday, October 23 7:30 p.m. - 9:30 p.m.
- _____ Sunday, October 24 5:30 a.m. - 7:30 a.m.
- _____ Sunday, October 24 12:35 p.m. – 1:35 p.m.
- _____ Sunday, October 24 7:30 p.m. – 9:30 p.m.
- _____ Monday, October 25 5:30 a.m. - 7:30 a.m.
- _____ Monday, October 25 7:00 p.m. – 9:00 p.m.
- _____ Tuesday, October 26 6:00 a.m. – 8:00 a.m.
- _____ Tuesday, October 26 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

_____ We plan on recording our program. Please make the recording available to all ACG 2021 attendees (live and virtual) on the conference platform through March 31, 2021 at a rate of \$10,000.

_____ We plan on recording our program. Please make the recording available to all ACG members on the ACG Education Universe through December 31, 2022 at a rate of \$20,000.

PLEASE FORWARD PAYMENT OF \$60,000 (plus any additional post-conference enduring fees) 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: _____