

INDUSTRY SPONSORED SYMPOSIUM
 World Congress of Gastroenterology at ACG 2017
 Orange County Convention Center
 October 13-18, 2017
 Orlando, Florida



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 2016 ACG Annual Scientific Meeting):

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

_____	Friday, October 13	5:30 p.m. – 7:30 p.m.
_____	Friday, October 13	7:30 p.m. - 9:30 p.m.
_____	Saturday, October 14	5:30 a.m. - 7:30 a.m.
SOLD OUT	Saturday, October 14	5:30 p.m. - 7:30 p.m.
SOLD OUT	Saturday, October 14	7:30 p.m. - 9:30 p.m.
SOLD OUT	Sunday, October 15	5:30 a.m. - 7:30 a.m.
_____	Sunday, October 15	7:30 p.m. – 9:30 p.m.
SOLD OUT	Monday, October 16	5:30 a.m. - 7:30 a.m.
SOLD OUT	Monday, October 16	7:00 p.m. - 9:00 p.m.
_____	Tuesday, October 17	5:30 a.m. – 7:30 a.m.
_____	Tuesday, October 17	6:30 p.m. – 8:30 p.m.
_____	Tuesday, October 17	8:30 p.m. - 10:30 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

What language will be used during the presentation(s)? _____

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)

_____ We are interested in having ACG post the educational symposium online. Please contact us for details.

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: _____