



PALTC Industry Expert Theater (IET) Session Application Form

Company Name:

Program Contact for Scheduling Details and Marketing Approvals:

- Name: _____
- Title: _____
- Email: _____
- Phone: _____

Billing Contact (if different from Program Contact):

- Name: _____
 - Title: _____
 - Email: _____
 - Phone: _____
-

Session Preferences

Select IET Type and Preferred Date/Time:

Break IET - \$15,000 each:

- Thursday, March 13, 10:00 AM - 10:30 AM
- Thursday, March 13, 2:00 PM - 2:30 PM
- Friday, March 14, 2:30 PM - 3:00 PM

Hour IET - \$40,000 each:

- Thursday, March 13, 11:30 AM - 12:30 PM
- Friday, March 14, 11:45 AM - 12:45 PM (2 slots available)
- Saturday, March 15, 10:00 AM - 11:00 AM (2 slots available)
- Saturday, March 15, 12:30 PM - 1:30 PM (2 slots available)

1st Preference: _____

2nd Preference: _____

3rd Preference: _____

Program Details

Session Title:

Speakers:

1. **Name:** _____

Title: _____

Affiliation: _____

Email: _____

Phone: _____

Bio:

2. **Name:** _____

Title: _____

Affiliation: _____

Email: _____

Phone: _____

Bio:

(Please add additional speakers as necessary)

Target Audience:

Session Description: (Please provide a brief overview of the session, including key topics to be covered, objectives, and any other relevant information.)

Technical Requirements: (Standard AV package includes a screen, podium microphone, LCD projector package, and floating technician. Please specify any additional technical or AV needs.)

Additional Information: (Any other information or special requests related to the session.)

Acknowledgement and Notices**Terms and Conditions**

- ☐ I acknowledge that I have read and agree to the Industry Expert Theater [Terms and Conditions](#), including the Anti-Harassment Policy, for participating in the PALTC25 Industry Expert Theater Sessions and agree to abide by them.
- Initial here: _____

Speaker Registration

- ☐ I understand that speakers are not automatically registered for the conference and must be registered separately. Speakers will only have access to the conference for their session unless they are fully registered.
- ☐ I acknowledge the option to offer complimentary registration for speakers is not included in this agreement unless explicitly stated otherwise.
- Initial here: _____

CME Notice

- ☐ I acknowledge that Industry Expert Theater sessions are not eligible for Continuing Medical Education (CME) credit.
- Initial here: _____

Acknowledgement and Agreement

By submitting this application, you agree to the following:

1. All speakers are confirmed and available to present at the requested time slots.
2. The session content will adhere to the guidelines and standards set by PALTC25.
3. Any marketing materials related to the session will be submitted for approval by the specified deadlines.

Authorized Signature:

Name: _____

Title: _____

Date: _____

Submission Instructions

Please submit the completed application form to Nate Wicks, nwicks@paltmed.org.