

Community Liver Alliance 2020 Programs & Events

We look forward to seeing you at an upcoming event or program in the fight to **#kickliverdisease**. For additional information or to register, please click the title of the program/event or visit communityliveralliance.org.

In accordance with CDC guidelines, the Community Liver Alliance will convene all mission initiatives virtually until 2021 or further notice.

<u>Virtual Liver Cancer CME Conference</u> <u>and Patient Roundtable</u>

Saturday, September 26 8:00 a.m.-2:30 p.m.

Virtual Walk the Talk 5K Liver Run/Walk

Saturday, October 10

Details to come!

7th Annual Steel Chef Challenge VIRTUAL TWIST

Pittsburgh, PA Saturday, October 17 6:00 p.m.

NASH Update: Virtual Patient Program

November 9 6:00-8:00 p.m.

NASH Update: Virtual Provider CME Program

November 10 6:00-8:00 p.m.

PBC Update: Patient & Caregiver Virtual Program

October 27 6:00-8:00 p.m.

Annual Post AASLD CME Virtual Program

Wednesday, December 2 6:00-8:00 p.m.

You Make A Difference Awards Luncheon 2021

Carnegie Science Center Ballroom
Pittsburgh, PA
Friday, February 5, 2021
11:30 a.m.-1:00 p.m.

PBC Update: Patient & Caregiver Dinner Program

Wyndham Grand Pittsburgh Pittsburgh, PA Tuesday, February 16, 2021 5:00-8:00 p.m.

2nd Annual Ultimate Liver Function Concert

*Postponed to 2021, Date TBD Ft. Johnny Halo & the Angels Pittsburgh, PA

*Virtual Exhibitor Opportunities Available for All Programs & Events



Community Liver Alliance 100 State Square Drive, Suite 1945 Pittsburgh, PA 15219 www.communityliveralliance.org

Community Liver Alliance 2020 Programs & Events Virtual Exhibit Payment Form

Please select the programs you'd like	e to register as a	virtual exhibitor (\$2,5	00 each):	
□ Virtual Liver Cancer Conference□ Virtual Walk the Talk 5K□ Virtual NASH Update	☐ Virtual PB(☐ Virtual Pos	C Update t AASLD Program	☐ You Make a Difference Award Luncheon 2021	<i>v</i> ard
Exhibitor registration includes registra		. •	•	nairs,
listing in the program,	verbal recognition	n during the program, lo	ogo on program signage	
Name:				
Company Name:				
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Please make checks payable to: Con 15219	nmunity Liver All	iance 100 W. Station S	Square Drive, Ste. 1945 Pittsburgl	ı, PA
Credit Card Payment	uthorize Commun i	ty Liver Alliance to ch	arge my credit card	
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account indicated below for			This payment is for	
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Expiration Date	Billing Zip Co	de		
CVV2 (3 digit number on back of Visa/	MC, 4 digits on fro	ont of AMEX)		
SIGNATURE		DATE		

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.