

Regenerative Medicine:

Regulatory, Legal, and Compliance Challenges for Cell and Gene Therapies

June 8-9, 2021 | Virtual Event



ALL SPONSORS RECEIVE

- Company logo on FDLI event website, hyperlinked to company site
- Company logo on conference materials
- Company logo included in event marketing communications

GOLD SPONSOR

\$5,000

- Designation as a GOLD SPONSOR of the *Regenerative Medicine Conference*
- Two full conference passes

Full Page Ad in digital *Update* magazine

- Distributed to 30,000 contacts
- Ability to link your ad to company website or email address

SILVER SPONSOR

\$3,500

- Designation as a SILVER SPONSOR of the *Regenerative Medicine Conference*
- One full conference pass

Half Page Ad in digital *Update* magazine

- Distributed to 30,000 contacts
- Ability to link your ad to company website or email address

UPDATE AD SIZES AND DIMENSIONS

	Width	Height
Full Page Bleed	8.75"	11.25"
Full Page (non-bleed)	7.5"	10"
1/2-Page Horizontal	7.5"	5"
1/2-Page Vertical	3.75"	10"

2021 DUE DATES

Spring 2021 Update (published in March)

Ads Due – February 12

Summer 2021 Update (published in June)

Ads Due – May 14

Fall 2021 Update (published in September)

Ads Due – August 13

Winter 2021 Update (published in December)

Ads Due – November 12

For more information about sponsorship opportunities, please contact: Cathy Kiss at cathy.kiss@fdli.org

Food and Drug Law Institute | 1155 15th Street, NW, Suite 910, Washington, DC 20005 | 202-222-0906 | fdli.org

FDLI reserves the right to accept or decline a sponsorship in accordance with our sponsorship acceptance policy. A copy of the policy will be provided upon request.

Regenerative Medicine

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TYPE	AMOUNT
GOLD SPONSOR \$5,000	\$ _____
SILVER SPONSOR \$3,500	\$ _____

Organization Information

TOTAL \$ _____

Organization Name

Contact Person Name and Title

Address

City

State

Zip

Phone

Email

Payment Information (please check one)

PAYMENT MUST BE MADE IN FULL BY JUNE 1, 2021

Check
 Visa
 MasterCard
 American Express
 ACH Payment

Total Amount Enclosed \$ _____

CREDIT CARD PAYMENT

Cardholder's Name

Card Number

Exp. Date

CVV

Signature

ACH PAYMENT

Bank Name

Bank Address

Routing/ABA Number

Account Number

Billing Address (if different from above)

Address

City

State

Zip

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