



## 2022 SPONSORSHIP OPPORTUNITIES



# Advertising and Promotion for Medical Products Conference

October 13-14, 2022 | Hybrid Event

### ALL SPONSORSHIPS INCLUDE

Complimentary conference registrations  
*Additional registrations at a 15% discount*

#### Ad in digital *Update* magazine

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

#### Exhibit Area

Logo or name included in applicable conference marketing

Logo on conference slideshow and signage

Use of FDLI logo on approved promotional and marketing materials

Logo on conference website

### GOLD SPONSOR

## \$5,000

Includes everything from "All Sponsorships Include," plus

- Two complimentary conference registrations
- Full page ad in digital *Update* magazine with video ad option

### SILVER SPONSOR

## \$3,500

Includes everything from "All Sponsorships Include," plus

- One Complimentary conference registration
- Half page ad in digital *Update* magazine

#### AD SIZES AND DIMENSIONS

|                       | Width | Height |
|-----------------------|-------|--------|
| Full Page Bleed       | 8.75" | 11.25" |
| Trim Size             | 8.5"  | 11"    |
| Full Page (non-bleed) | 7.5"  | 10"    |
| 1/2-Page Horizontal   | 7.5"  | 5"     |
| 1/2-Page Vertical     | 3.75" | 10"    |

#### 2022 DUE DATES

Fall 2022 *Update* (published in September) Ads Due – August 26

Winter 2022 *Update* (published in December) Ads Due – November 25

For more information about sponsorship opportunities, please contact: **Cathy Scolieri Kiss** at [cathy.kiss@fdli.org](mailto:cathy.kiss@fdli.org)

Food and Drug Law Institute | 1015 15th Street NW, Suite 300, Washington, DC 20005 | 202-222-0906 | [fdli.org](http://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.*

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### SPONSORSHIP LEVEL (please check one)

GOLD SPONSOR **\$5,000**
     
  SILVER SPONSOR **\$3,500**

TOTAL \$

### Organization Information

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 OCTOBER 1, 2022**

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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