

# Food and Dietary Supplement Safety and Regulation Conference

March 23-24, 2023 | Hybrid 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 *Food and Dietary Supplement Safety and Regulation 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 *Food and Dietary Supplement Safety and Regulation 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
<b>Full Page Bleed</b>	8.75"	11.25"
Trim Size	8.5"	11"
<b>Full Page (non-bleed)</b>	7.5"	10"
<b>1/2-Page Horizontal</b>	7.5"	5"
<b>1/2-Page Vertical</b>	3.75"	10"

## 2023 DUE DATES

Spring 2023 *Update*  
(published in March)  
Ads Due – **February 24**

Summer 2023 *Update*  
(published in June)  
Ads Due – **May 26**

Fall 2023 *Update*  
(published in September)  
Ads Due – **August 25**

Winter 2023 *Update*  
(published in December)  
Ads Due – **November 24**

**For more information about sponsorship opportunities, please contact: Cathy 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.*

# Food and Dietary Supplement Safety and Regulation Conference

March 23-24, 2023 | Virtual Event

TYPE	AMOUNT
<b>GOLD SPONSOR \$5,000</b>	\$ _____
<b>SILVER SPONSOR \$3,500</b>	\$ _____

## 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 MARCH 1, 2023**

☐ 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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