



Tobacco and Nicotine Product Regulatory Science Symposium

March 30, 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 *Tobacco and Nicotine Product Regulatory Science Symposium*
- 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 *Tobacco and Nicotine Product Regulatory Science Symposium*
- 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"
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"

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

Food and Drug Law Institute | 1015 15th Street, NW, Suite 300, 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.

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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 MARCH 17, 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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