



2023 SPONSORSHIP OPPORTUNITIES



Advertising and Promotion for Medical Products Conference

November 2-3, 2023 | Mayflower Hotel, Washington, DC & Virtual

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"

2023 DUE DATES

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 Scolieri 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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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 MUST BE MADE IN FULL BY OCTOBER 20, 2023

Payment Information (please check one)

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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