

Advertising & Promotion for Medical Products Conference

October 17-18, 2024 ▶ Washington, DC & Virtual

ALL SPONSORS RECEIVE

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

UPDATE AD SIZES (width x height)

Full Page Bleed	8.75" x 11.25"
Full Page Trim	8.5" x 11"

Full Page (non-bleed)	7.5" x 10"
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1/2-Page Horizontal	7.5" x 5"
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1/2-Page Vertical	3.75" x 10"
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2024 DUE DATES

Spring Update (published in Mar.)
Ads Due – **February 26**

Summer Update (published in June)
Ads Due – **May 27**

Fall Update (published in Sept.)
Ads Due – **August 26**

Winter Update (published in Dec.)
Ads Due – **November 25**

GOLD SPONSOR

\$5,000

- Designation as a GOLD SPONSOR of *Advertising & Promotion for Medical Products 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 *Advertising & Promotion for Medical Products 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

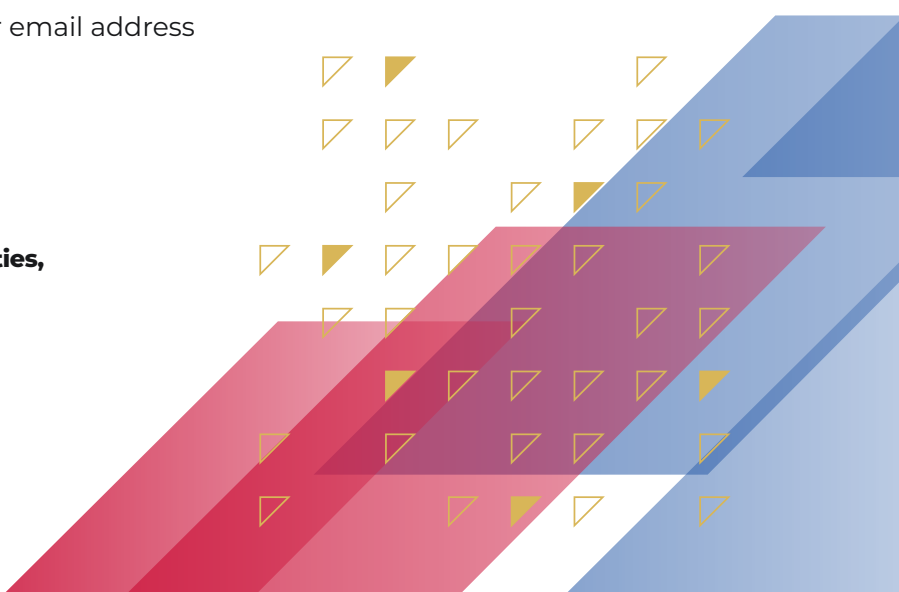
For more information about sponsorship opportunities, please contact: **Cathy Kiss** at cathy.kiss@fdli.org

Food and Drug Law Institute

1015 15th Street NW, Suite 300, Washington, DC 20005

p: 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	\$
TOTAL \$	

ORGANIZATION INFORMATION

Organization Name _____

Contact Person Name and Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

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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