

#### **SPONSORSHIP OPPORTUNITIES**

# Food and Dietary Supplement Safety and Regulation Conference

April 3, 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.

#### **GOLD SPONSOR**

\$5.000

- Designation as a GOLD SPONSOR of Food and Dietary Supplement Safety and Regulation
- 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 Food and Dietary Supplement Safety and Regulation
- 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

FOOD & DRUG LAW INSTITUTE

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.

### **UPDATE** AD SIZES

(width x height)

Full Page Bleed 8.75" x 11.25"

Full Page (non-bleed) 7.5" x 10"

1/2-Page Horizontal 7.5" x 5"

1/2-Page Vertical 3.75" x 10"

#### **2024 DUE DATES**

**Spring Update** (published in Mar.)

Ads Due – **February 26** 

**Summer Update** (published in June)

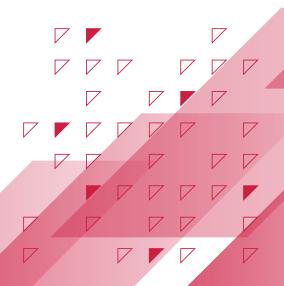
Ads Due - May 27

Fall Update (published in Sept.)

Ads Due - August 26

Winter Update (published in Dec.)

Ads Due - November 25



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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:  O Check ○ Visa ○ MasterCard ○ American Expr  CREDIT CARD PAYMENT	ress O ACH Payment Total Amount Enclosed \$	
Cardholder's Name	Bank Name	
Card Number	Bank Address	
Exp. Date CVV	Routing/ABA Number	
Signature	Account Number	
BILLING ADDRESS (if different from above)		
Address		
City	State Zip	



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