

SPONSORSHIP APPLICATION (Page 1)

Sponsorship Levels-Part 1

	AVAILABLE	\$ AMOUNT	
FDLI's Annual Conference - LIMITED SPONSORSHIPS			
Diamond Sponsor:	\$15,000	Exclusive	\$ _____
Platinum Sponsor:	\$10,000	Exclusive	\$ _____
Gold Sponsor:	\$7,500		\$ _____
Silver Sponsor:	\$5,000		\$ _____
Bronze Sponsor:	\$2,500		\$ _____
FDLI's Annual Conference - ADDITIONAL SPONSORSHIP OPPORTUNITIES			
Networking Reception	(call for details)		\$ _____
Contributor	(call for details)		\$ _____
Advertising & Promotion Conference for the Pharmaceutical, Medical Device, Biologics and Veterinary Medicine Industries - SPONSORSHIP OPPORTUNITIES			
Platinum Sponsor:	\$3,000		\$ _____
Gold Sponsor:	\$2,000		\$ _____
Networking Reception:	\$2,500		\$ _____
Contributor	(call for details)		\$ _____
Exhibitor Opportunities			
FDLI's Annual Conference	\$1,800/table or \$2,300/booth		\$ _____
Advertising & Promotion Conference	\$1,800/table		\$ _____

FDLI Year-Round Sponsorships

INTRODUCTORY PROGRAMS: \$3,000 for one Meeting (2 available per Meeting) or \$20,000 for all (exclusive)

All (\$20,000)		\$ _____
Individual Program (\$3,000) (Please Specify):		\$ _____
Introduction to Drug Law & Regulation	(3 in a year)	\$ _____
Introduction to Medical Device Law & Regulation	(2 in a year)	\$ _____
Introduction to Food Law & Regulation	(1 in a year)	\$ _____
Introduction to Biotechnology Law and Regulation	(1 in a year)	\$ _____
Fundamentals of Food & Drug Law and Regulation	(1 in a year)	\$ _____

OTHER

Audio Conference Sponsorships (\$1,000 each)		\$ _____
Colloquia Price: \$3,000 for One		\$ _____
Webinars (call for details)		\$ _____
FDLI's Annual Holiday and Awards Reception (call for details)		\$ _____

TOTAL AMOUNT \$ _____

SPONSORSHIP APPLICATION (Page 2)

Organization Information

Organization Name Contact Person

Address

City State Zip

Phone E-mail Fax

Onsite Contact Registration Names

Payment Information *(please check one)*

Company Check Visa MasterCard American Express

Total Amount Enclosed: \$ _____ *(copy from page 1 total)*

Cardholder's Name

Card Number Exp. Date

Signature

Billing Address *(if different from above)*

Address

City State Zip

Please mail, fax or e-mail this application to:

Cathy Scolieri

Manager, Conference Programming & Sponsorship

The Food and Drug Law Institute

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