



SPONSOR/ADVERTISE/EXHIBIT

Enhance your company's visibility at this year's **Biopharmaceutical Section Regulatory-Industry Statistics Workshop in Rockville, MD, September 25–27**. See the sponsorship webpage at ww2.amstat.org/meetings/biop/2024 for up-to-date options.

SPONSORSHIP LEVELS & BENEFITS

PRINCIPAL
\$5,000+

- A space in the EXPO
- A link from your logo on the workshop website to your organization's website
- Recognition on popular social media platforms
- A mention in the daily workshop emails
- Recognition in workshop materials

SUPPORTING
\$2,500-
\$4,999

- A space in the EXPO
- Your logo on the workshop website
- Recognition on popular social media platforms
- Recognition in workshop materials

ADVERTISING

Daily Email Advertisement \$1,500 (all days) \$500 (Wednesday) \$500 (Thursday) \$500 (Friday)

Digital Advertisement \$1,000 (per 15-second ad)

Workshop Bag Insert \$1,000 (per insert)

SPONSORSHIP	EXCLUSIVE	COSPONSORSHIP
<input type="checkbox"/> Workshop App	\$5,000	N/A
<input type="checkbox"/> Wi-Fi	\$5,000	N/A
<input type="checkbox"/> Poster Awards		\$1,000 (per award) Limit 5
<input type="checkbox"/> Student Registration Awards		\$500 (per award)
<input type="checkbox"/> Networking Breaks	\$7,500	Wednesday Breaks (2): \$3,000 Thursday Breaks (2): \$3,000 Friday Break (1): \$1,500
<input type="checkbox"/> Mixer	\$5,000	N/A
<input type="checkbox"/> Continental Breakfast	\$5,000	Thursday Breakfast: \$2,500 Friday Breakfast: \$2,500
<input type="checkbox"/> Hand Sanitizer	\$3,000	N/A
<input type="checkbox"/> Pen	\$2,500	N/A
<input type="checkbox"/> Badge Lanyards	\$2,500	N/A
<input type="checkbox"/> USB Flash Drive	\$6,000	N/A
<input type="checkbox"/> Workshop Bag	\$5,000	\$2,500 (two available)
<input type="checkbox"/> Water Bottles	\$6,000	N/A
<input type="checkbox"/> Friday Boxed Lunch	\$5,000	N/A
EXHIBIT		
<input type="checkbox"/> Principal/Supporting Sponsors	\$0	
<input type="checkbox"/> One 6' Exhibitor Table	\$1,500	

Contact _____ Organization _____

Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Country _____ Email _____

Phone _____ Fax _____

PAYMENT

Total Amount Due: _____ Check Enclosed VISA MasterCard American Express Discover

PAID ONLINE (To pay securely online, visit ww2.amstat.org/payments/index.cfm.)

Card Number _____ Expiration _____

Name on Card _____ Security Code _____

Authorized Signature _____