



**Be Seen.
Be Heard.
Be a Sponsor.**

30TH ANNUAL INTERNATIONAL MEETING

NOVEMBER 14 – 16, 2025

Partner with us for the 2025 Virtual Annual Meeting

Connect with a global audience of professionals committed to advancing breastfeeding medicine. Sponsoring our Annual Meeting is your opportunity to demonstrate leadership, build relationships, and make a lasting impression in a focused, high-impact setting.

WHY?

WHY SPONSOR?

- **Stand Out to a Global Audience**
Put your brand in front of decision-makers, clinicians, researchers, and leaders from around the world.
- **Engage in Meaningful Ways**
We offer creative ways for your message to connect with our attendees.
- **Amplify Your Impact**
Support our mission while demonstrating your commitment to the health and well-being of families worldwide.



WHO ATTENDS?

- Physicians & Health Professional
- Clinical Researchers
- Medical Educators & Advocates
- Organizational and Policy Leaders

Benefits

SPONSORSHIP DELIVERS:

- ✓ High-visibility branding
- ✓ Customized promotional opportunities
- ✓ Recognition before, during, and after the event

LET'S MAKE A DIFFERENCE TOGETHER

Choose the package that fits your goals and join us for an unforgettable virtual experience.

PRICING

Flexible pricing packages that scale with your business needs

Visionary Sponsor	Impact Sponsor	Community Sponsor
EXCLUSIVE	3 AVAILABLE	UNLIMITED
<ul style="list-style-type: none">Premier recognition on virtual platform and event emails2-minute welcome video in event platformSponsored email to attendees (pre- or post-event)Push notifications during the eventFull-page ad in digital programLogo on attendee thank you emailsLogo on event sponsor pageCompany profile on event siteDedicated social media featuresLogo on shared thank-you sponsor slide	<ul style="list-style-type: none">Logo on event sponsor pageHalf-page ad in digital programSocial media mentions during the event weekCompany profile on event site	<ul style="list-style-type: none">Name recognition on the sponsor pageQuarter-page ad in digital programLogo on shared thank-you sponsor slideCompany name on event website
\$5,000 USD	\$1,000 USD	\$500 USD

[View the ABM Website to view the virtual event schedule](#)



30th Annual Meeting Sponsorship Agreement Form

Thank you for your interest in sponsoring the 2025 Virtual Annual Meeting. Please complete this agreement form and email the signed copy to abm@bfmed.org. Submissions will be reviewed for alignment with the WHO Code of Marketing of Breastmilk Substitutes. An invoice with payment instructions will be sent upon approval.

Sponsorship Level: Visionary: \$5,000 Impact: \$1,000 Community: \$500

Company Information

Company Name: _____

Address: _____

City/State/Province/Region: _____ Zip/Postal Code: _____ Country: _____

Phone Number (with country code): _____ Email Address: _____ Website: _____

Primary Contact Person

Full Name: _____ Job Title: _____

Type of Business (Please check one):

Clinical Trial Management Medical Devices Medical Equipment & Supplies Education

Education Pharmaceutical Recruitment Software Other: _____

WHO Code Compliance (Mandatory)

By checking this box, the sponsor confirms that it supports the [WHO International Code of Marketing of Breastmilk Substitutes](#) and any related subsequent WHO resolutions and is in compliance. Acceptance of sponsorship does not constitute ABM's endorsement of the organization, its product, or service.

Sponsorship Terms & Disclosures

By signing below, the undersigned confirms that:

- All sponsorship applications are subject to review and approval by the Academy of Breastfeeding Medicine.
- Submission of this form does not guarantee acceptance of sponsorship. ABM reviews all applications for compliance with the WHO Code.
- If accepted, full payment is due within 30 days of receipt of the invoice and no later than **October 10, 2025**.
- A 3% service charge will be added to credit card payments exceeding \$5,000.
- Failure to submit payment by the due date may result in loss of sponsorship opportunity.

Authorized Signature

Full name: _____ Job title: _____

Signature: _____ Date: _____

Billing Contact Information (if different from above)

Full Name: _____ Phone Number (with country code): _____

Email Address: _____ City/State/Province/Region: _____

Zip/Postal Code: _____ Country: _____

Submission Instructions: Please email a signed copy of this completed form to: abm@bfmed.org. Once approved, you will receive an invoice with payment instructions.