

Contract



Name

Title

Organization

Address

City

State

Zip

Contact Name

Phone

Fax

Email

Organization's URL

Organization's LinkedIn

Organization's BlueSky

Organization's X/Twitter Handle:

SPONSOR

☐ Diamond (\$60,000+)

☐ Gold (\$15,000)

☐ Bronze (\$5,000)

☐ Platinum (\$25,000)

☐ Silver (\$10,000)

Customized Sponsorship Items:

☐ Charging Station Sponsor \$10,000

☐ Digital Signage Sponsor \$15,000

☐ Hydration Station Sponsor \$15,000

☐ Innovation Showcase/Pitch Tent Sponsor \$15,000

☐ Wellness Station Sponsor \$15,000

☐ Mobile App & Push Notification Sponsor \$20,000

☐ Social Media Wall Sponsor \$20,000

☐ Wi-Fi Sponsor \$25,000

☐ Speaker Lounge Sponsor \$25,000

Please list my organization in all materials as:

☐ I am not a sponsor, but I would like to reserve a display table space at the AcademyHealth 2026 Health Datapalooza.

DISPLAY FORUM

☐ As a sponsor, I will use my complimentary display table space at the AcademyHealth 2026 Health Datapalooza.

	Org. Member	Non-Member
Table Display 6' table	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$3,000

Exhibitor Maximum Exposure package: ☐ \$6,500

Indicate your top booth/table space choices*: 1. 2. 3.

If possible, please do not place me next to the following competitors:
**AcademyHealth will do its best to honor space requests; however, requested spaces are not guaranteed.*

Cancellations

Prior to July 20, 2026, AcademyHealth will refund the space cost for any cancellations received in writing, minus a \$250 service charge. After July 20, the exhibitor forfeits the entire amount paid.

Exhibitor Description, Sign Name, Website

Email organizational profile (50 words or less), sign name (max 40 characters), and website address to sponsorships@academyhealth.org.

ADVERTISE

☐ As a sponsor, I will use my complimentary advertising space on the AcademyHealth 2026 Health Datapalooza conference website.

☐ I am not a sponsor, but I would like to reserve advertising space in the AcademyHealth 2026 Health Datapalooza online agenda.

Rate		
Agenda at a Glance	<input type="checkbox"/> \$10, 000	
	Org. Member	Non-Member
Tower banner ad	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,550
Inline full ad	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,000
Inline half ad	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,500

PAYMENT (AcademyHealth Tax ID # 52-1260918)

Exhibit Space \$

Sponsorship \$

Advertising \$

Total Due \$

☐ Submit invoice to address on the enclosed purchase order

☐ Check payable to AcademyHealth is enclosed

☐ Charge my: ☐ MasterCard ☐ Visa ☐ Discover ☐ AmEx

Account Number

Expiration Date

Security Code

Zip Code

Name on Card

Signature

Three Ways to Submit Your Contract

Email: Email form to sponsorships@academyhealth.org

Fax: Fax form with credit card information to 202.292.6864

Mail: Send form with payment to AcademyHealth, Accounting Department, 1666 K Street, NW, Suite 1100, Washington, DC 20006.

For more information, email sponsorships@academyhealth.org