Contract

AcademyHealth
ANNUAL
RESEARCH MEETING
RESEARCH THAT RESPONDS. EVIDENCE THAT ENDURES.

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 (select one)

❒ Diamond ($50,000)
❒ Platinum ($25,000)
❒ Gold ($15,000)
❒ Silver ($7,500)
❒ Bronze ($5,000)

Customized Sponsorship Items:

❒ Charging Station Sponsor $10,000
❒ Quiet Room 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
❒ Banner and/or Clings Sponsor $15,000
❒ Headshot Lounge Sponsor $20,000
❒ Mobile App & Push Notification Sponsor $20,000
❒ Social Media Wall Sponsor $20,000
❒ Networking Lounge Sponsor $25,000
❒ Wi-Fi Sponsor $25,000
❒ Wordly AI Translation & Captions Sponsor $40,000

Please list my organization in all materials as:

EXHIBIT

	Org. Member	Government	Non-Member
Booth (10' x 10')	❒ $1,250	❒ $1,850	❒ $2,500

Exhibitor Maximum Exposure package: ❒ $5,500.

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 Change to: March 19, 2027, AcademyHealth will refund the space cost for any cancellations received in writing, less a $250 service charge. After Change to: March 19 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.

Exhibitor Category (select one)

❒ University-based research/policy programs and center
❒ Non-university research/policy organization
❒ Professional society/trade association
❒ Government agency
❒ Foundation
❒ Publisher
❒ Consulting firm (research and policy-related)
❒ Technology company
❒ Pharmaceutical companies
❒ Other

ADVERTISE

❒ I would like to reserve advertising space

Agenda at a Glance ❒ $12,500

Rate	Org. Member	Non-Member
Tower banner ad	❒ $2,000	❒ $2,550
Inline full ad	❒ $1,500	❒ $2,750
Inline half ad	❒ $1,000	❒ $2,250

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 Zip Code
Security 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