Contract

19TH ANNUAL CONFERENCE ON THE SCIENCE OF DISSEMINATION AND IMPLEMENTATION IN HEALTH

Name

Title

Organization
(please print as you would like it to be listed in event materials)

Address

City

State Zip

Contact Name
(if different from above)

Phone

Email

Organization's URL

Organization's Twitter/X Handle

Organization's Bluesky Handle

Organization's LinkedIn

SPONSOR

❒ Diamond ($25,000) (select one)
- ❒ Badge on Demand
- ❒ Wi-Fi

❒ Platinum ($15,000) (select one)
- ❒ Continental Breakfast
- ❒ Conference Break

❒ Gold ($10,000)

❒ Silver ($7,500)

❒ Wordly AI Translation & Captions Sponsor $30,000
❒ Networking Lounge Sponsor $25,000
❒ Headshot Lounge Sponsor $20,000
❒ Banner and/or Clings Sponsor $15,000
❒ Digital Signage Sponsor $15,000
❒ Charging Station Sponsor $10,000
❒ Wi-Fi Sponsor $25,000
❒ Social Media Wall Sponsor $20,000
❒ Mobile App & Push Notification Sponsor $20,000
❒ Wellness Station Sponsor $15,000
❒ Hydration Station Sponsor $15,000
❒ Quiet Room Sponsor $10,000

❒ Please list my organization in all materials as:

DISPLAY

❒ I would like to reserve a display table at the D&I conference.

Rates	Org. Affiliate	Non-Member
Full Table	❒ $1,500	❒ $2,000

❒ Exhibitor Maximum Exposure Package: $5,500

CANCELLATIONS

Prior to October 30, 2026, AcademyHealth will refund the space cost for any cancellations received in writing, less a $250 service charge. After October 30, the exhibitor forfeits the entire amount paid.

ADVERTISE

❒ I would like to reserve advertising space in the online agenda.

Rates	Org. Affiliate	Non-Member
Inline Full Size Ad	❒ $2,000	❒ $2,500
Inline Half Size Ad	❒ $1,250	❒ $1,750
Tower Banner Ad in Online agenda	❒ $2,500	❒ $3,000

PAYMENT (AcademyHealth Tax ID # 52-1260918)

Sponsorship $

Display $

Advertise $

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

Exp. Date

Security Code Zip Code

Name on Card

Signature

Please send forms to sponsorships@academyhealth.org. Mail checks to: AcademyHealth, Accounting Department, 1666 K Street, NW, Suite 1100, Washington, DC 20006

December 13-16, 2026 | Gaylord National National Harbor, MD

AcademyHealth

NIH National Institutes of Health