

# Contract

16TH 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 Handle

### SPONSOR

Diamond (\$25,000) (select one)

Badge on Demand  Wi-Fi

Platinum (\$15,000) (select one)

Coffee Break  Charging Station  Mobile App

Gold (\$10,000)

### DISPLAY

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

Rates	Org. Affiliate	Non-Member
Full Table	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$1500

### ADVERTISE

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

Rates	Org. Affiliate	Non-Member
Inline Full Size Ad	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,500
Inline Half Size Ad	<input type="checkbox"/> \$850	<input type="checkbox"/> \$1,300

### 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

Name on Card

Signature

Please send forms to [sandy.mcneil@academyhealth.org](mailto:sandy.mcneil@academyhealth.org).

Mail checks to: AcademyHealth, Accounting Department,  
1666 K Street, NW, Suite 1100, Washington, DC 20006

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