

Contract

2010 Annual Research Meeting The premier forum for health services research

Name _____
Title _____
Organization _____
Address _____
City _____ State _____ Zip _____
Tel _____ Fax _____
E-mail _____

Sponsor

- Platinum (\$25,000)
 Gold (\$10,000) (*check one*)
 Poster Session Cyber Center Lounge Reception
 Silver (\$5,000) (*check one*)
 Continental Breakfast Conference Break Career Center Student Breakfast
 Bronze (\$3,000)

Please list my organization in all materials as: _____

Exhibit

	Org. Affiliate	Government	Non-Member
Booth (10' x 10')	<input type="checkbox"/> \$850	<input type="checkbox"/> \$1,445	<input type="checkbox"/> \$1,700
Table (6' skirted)	<input type="checkbox"/> \$425	<input type="checkbox"/> \$725	<input type="checkbox"/> \$850
Half Table (3')	<input type="checkbox"/> No Charge	<input type="checkbox"/> \$260	<input type="checkbox"/> \$360

- Yes, please set up our table/half table for \$100.
AcademyHealth is not responsible for disassembling exhibits and returning materials.

Indicate your top booth/table space choices*: 1. _____ 2. _____ 3. _____
(Visit www.academyhealth.org/arm/exhibits for floor plan)

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 May 15, AcademyHealth will refund the space cost for any cancellations received in writing, less a \$150 service charge. After May 15, the exhibitor forfeits the entire amount paid.

Exhibitor Description

Organizational Profile – email 50 words or less to tracie.howard@academyhealth.org

Exhibit Sign Name (max. 40 characters) _____

Web site _____

Exhibitor Category (select one)

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

Advertise

	Org. Affiliate	Non-Member
Full Color Full Page	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,000
Full Page	<input type="checkbox"/> \$1,115	<input type="checkbox"/> \$1,485
Half Page	<input type="checkbox"/> \$615	<input type="checkbox"/> \$815
Quarter Page	<input type="checkbox"/> \$320	<input type="checkbox"/> \$425

Payment (AcademyHealth Tax ID # 52-1260918)

Exhibit Space \$ _____

Set-up Fee \$ _____

Advertising \$ _____

Sponsorship \$ _____

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 _____

Name on Card _____

Signature _____

Three Ways to Submit Your Contract

Online: www.academyhealth.org/arm/sponsorship

Fax: Fax form with credit card information to 202.292.6838.

Mail: Send form with payment to AcademyHealth, Accounting Department, 1150 17th Street, NW, Suite 600, Washington, DC 20036.

For more information, contact Patrick Burbine at 202.292.6738 or patrick.burbine@academyhealth.org.