

AADE's DAPS® Sponsor Level subscription allows the Sponsor entity to view multiple DPP Organizations' DPP data in a de-identified, aggregate level format.

Sponsorship Application

Entity/Sponsor Name			
Contact First Name			
Contact Last Name			
Title			
Phone Number			
E-mail Address			
Business Mailing Address	City:	State:	Zip:

Subscription Pricing is as follows (for 12 months from date of processing):

Check to Identify your Sponsor Level Subscription:		Number of Organizations to View	Annual Cost	Price/Volume pricing
<input type="checkbox"/>	Basic	1-10	\$1,250.00	\$125.00
<input type="checkbox"/>	Level 1	11-20	\$2,500.00	\$125.00
<input type="checkbox"/>	Level 2	21-30	\$3,000.00	\$100.00
<input type="checkbox"/>	Level 3	31-40	\$4,000.00	\$100.00
<input type="checkbox"/>	Level 4	41-50	\$5,000.00	\$100.00
<input type="checkbox"/>	Level 5	51-60	\$6,000.00	\$100.00
<input type="checkbox"/>	Level 6	61-70	\$6,650.00	\$95.00
<input type="checkbox"/>	Level 7	71-80	\$7,600.00	\$95.00
<input type="checkbox"/>	Elite	81-100	\$8,500.00	\$85.00
<input type="checkbox"/>		More than 100	Call for pricing	Call for pricing

Type of Payment Methods

Credit Card: I have attached AADE Credit Card Authorization Form with application

Check: I have mailed a check. Checks should be mailed to:
 Attention: American Association of Diabetes Educators
 AADE – DEAP
 Department 4445
 Carol Stream, IL 60122-4445

I have read the [AADE Prevention Network Terms and Conditions](#) and agree to comply.

I acknowledge that as a Sponsor, I am responsible for obtaining authorization forms from each DPRP organization I am requesting to view data. As AADE receives the forms, sponsors will be permitted to view data in a de-identified, aggregate format. As the Sponsor, I am responsible for any agreements or documentation between the Sponsor and the Organization, including any business associate agreements. **See attached template.**

Print Name

Signature

Date

Please identify the following information for each organization below. If you have yet to identify the organizations, please simply add “TBD”.

***Note:** Each Organization listed will need to be contacted by the Sponsor in order to sign the Authorization form. As AADE receives each Organization’s signed Authorization form, AADE will enable the Sponsor to view the program. Authorization forms should be signed and submitted to dpp@aadenet.org in order to permit AADE to give the Sponsor the ability to see aggregate, de-identified data in a reporting format.

AADE DAPS® Basic Sponsor (1-10 programs)

	DPRP Prevention Program Name	Organization Name (if different from DPRP)	Street Address	City, State	INTERNAL USE ONLY:
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

AADE DAPS® Level 1 Sponsor (11-20 programs)

11					
12					
13					
14					
15					
16					
17					
18					
19					
20					



AADE DAPS® Sponsor Application

Please identify the following information for each organization below. If you have yet to identify the organizations, please simply add "TBD":

***Note:** Each Organization listed will need to be contacted by the Sponsor and AADE will need to have the attached authorization template signed and submitted to dpp@aadenet.org in order to permit AADE to give the Sponsor the ability to see aggregate, de-identified data in a reporting format.

Sponsor Name: _____

Date: _____

AADE DAPS® Level 2 Sponsor (21-30 programs)

	DPRP Prevention Program Name	Organization Name (if different from DPRP)	Street Address	City, State	INTERNAL USE ONLY:
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

AADE DAPS® Level 3 Sponsor (31-40 programs)

31					
32					
33					
34					
35					
36					
37					
38					
39					
40					



AADE DAPS® Sponsor Application

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***Note:** Each Organization listed will need to be contacted by the Sponsor and AADE will need to have the attached authorization template signed and submitted to dpp@aadenet.org in order to permit AADE to give the Sponsor the ability to see aggregate, de-identified data in a reporting format.

Sponsor Name: _____ Date: _____

AADE DAPS® Level 4 Sponsor (41-50 programs)

	DPRP Prevention Program Name	Organization Name (if different from DPRP)	Street Address	City, State	INTERNAL USE ONLY:
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					

AADE DAPS® Level 5 Sponsor (51-60 programs)

51					
52					
53					
54					
55					
56					
57					
58					
59					
60					



AADE DAPS® Sponsor Application

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***Note:** Each Organization listed will need to be contacted by the Sponsor and AADE will need to have the attached authorization template signed and submitted to dpp@aadenet.org in order to permit AADE to give the Sponsor the ability to see aggregate, de-identified data in a reporting format.

Sponsor Name: _____ Date: _____

AADE DAPS® Level 6 Sponsor (61-70 programs)

	DPRP Prevention Program Name	Organization Name (if different from DPRP)	Street Address	City, State	INTERNAL USE ONLY:
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					

AADE DAPS® Level 7 Sponsor (71-80 programs)

71					
72					
73					
74					
75					
76					
77					
78					
79					
80					



AADE DAPS® Sponsor Application

Please identify the following information for each organization below. If you have yet to identify the organizations, please simply add "TBD":

***Note:** Each Organization listed will need to be contacted by the Sponsor and AADE will need to have the attached authorization template signed and submitted to dpp@aadenet.org in order to permit AADE to give the Sponsor the ability to see aggregate, de-identified data in a reporting format.

Sponsor Name: _____ Date: _____

AADE DAPS® Elite Level Sponsor (81-100 programs)

	DPRP Prevention Program Name	Organization Name (if different from DPRP)	Street Address	City, State	INTERNAL USE ONLY:
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					