

ADCES’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**

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

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

<b>Check to Identify your Sponsor Level Subscription:</b>		<b>Number of Organizations to View</b>	<b>Annual Cost</b>	<b>Price/Volume pricing</b>
<input type="checkbox"/>	Basic	1-10	\$1,375.00	\$137.00
<input type="checkbox"/>	Level 1	11-20	\$2,750.00	\$137.00
<input type="checkbox"/>	Level 2	21-30	\$3,300.00	\$110.00
<input type="checkbox"/>	Level 3	31-40	\$4,400.00	\$100.00
<input type="checkbox"/>	Level 4	41-50	\$5,500.00	\$100.00
<input type="checkbox"/>	Level 5	51-60	\$6,600.00	\$100.00
<input type="checkbox"/>	Level 6	61-70	\$7,000.00	\$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 ADCES Credit Card Authorization Form with application
- Check: I have mailed a check. Checks should be mailed to:  
 Attention: Association of Diabetes Care & Education Specialist  
 ADCES-DPP  
 125 S Wacker Dr. Suite 600  
 Chicago, IL 60606

- I have read the [ADCES 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 ADCES 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 ADCES receives each Organization's signed Authorization form, ADCES will enable the Sponsor to view the program. Authorization forms should be signed and submitted to [dpp@adces.org](mailto:dpp@adces.org) in order to permit ADCES to give the Sponsor the ability to see aggregate, de-identified data in a reporting format.

**ADCES 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					

**ADCES DAPS Level 1 Sponsor (11-20 programs)**

11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

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 ADCES will need to have the attached authorization template signed and submitted to [dpp@adces.org](mailto:dpp@adces.org) in order to permit ADCES to give the Sponsor the ability to see aggregate, de-identified data in a reporting format.

Sponsor Name: \_\_\_\_\_

Date: \_\_\_\_\_

**ADCES 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					

**ADCES DAPS Level 3 Sponsor (31-40 programs)**

31					
32					
33					
34					
35					
36					
37					
38					
39					
40					

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 ADCES will need to have the attached authorization template signed and submitted to [dpp@adces.org](mailto:dpp@adces.org) in order to permit ADCES to give the Sponsor the ability to see aggregate, de-identified data in a reporting format.

Sponsor Name: \_\_\_\_\_ Date: \_\_\_\_\_

**ADCES 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					

**ADCES DAPS Level 5 Sponsor (51-60 programs)**

51					
52					
53					
54					
55					
56					
57					
58					
59					
60					

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 ADCES will need to have the attached authorization template signed and submitted to [dpp@adces.org](mailto:dpp@adces.org) in order to permit ADCES to give the Sponsor the ability to see aggregate, de-identified data in a reporting format.

Sponsor Name: \_\_\_\_\_ Date: \_\_\_\_\_

**ADCES 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					

**ADCES DAPS Level 7 Sponsor (71-80 programs)**

71					
72					
73					
74					
75					
76					
77					
78					
79					
80					

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 ADCES will need to have the attached authorization template signed and submitted to [dpp@adces.org](mailto:dpp@adces.org) in order to permit ADCES to give the Sponsor the ability to see aggregate, de-identified data in a reporting format.

Sponsor Name: \_\_\_\_\_ Date: \_\_\_\_\_

**ADCES 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					