Sponsorship Contract

Company/Organization (official name for signage): _____

Street Address/City/State/Zip Code: _____

Phone: _____ **Fax:** _____ **E-mail:** _____

URL/Website Address: _____ **General Company Email:** _____

Agreement: The undersigned hereby authorizes the Association for Behavioral and Cognitive Therapies to reserve exhibit space and/or a sponsorship in the Hyatt Regency New Orleans for the use by the above company/organization during the 11th World Congress. In making this contract, the undersigned hereby agrees to conform to the Exhibit Regulations for the 2026 World Congress that is made as part of this contract. It is mutually agreed that all of said regulations shall be interpreted by the Board of Directors of ABCT, and the parties here to shall be bound by such interpretation.

Authorized Signature: _____ Title: _____ Date: _____

Contact Information (this information is not for publication):

Name: _____ **Title:** _____

Address (if different from above): _____

E-mail: _____ **Phone:** _____ **Fax:** _____

▶ Sponsorship Selection / Pricing

Please reserve: ☐ **Gold Level Package** ($12,500) ☐ **Silver Level Package** ($8,500) ☐ **Bronze Level Package** ($6,000)

Participating companies qualify for a 50-word description of their product or services, company logo, and contact information which will appear on our website and in the Program Supplement. Descriptions exceeding 50 words will be edited. Please email tchilders@abct.org when sending in your contract.

List choices of booth locations (numbers) in order of preference:

1st choice: _____ 2nd choice: _____ 3rd choice _____ 4th choice: _____

Á la carte sponsorships:

- ☐ Convention App ($8,500 - ***limited to two sponsors***)
- ☐ Convention Audio-Visual ($10,000 - ***limited to five sponsors***)
- ☐ Convention Coat/Bag Check ($3,500)
- ☐ Coffee Break ($5,000)
- ☐ Convention Wi-Fi Network ($5,000 - ***limited to two sponsors***)
- ☐ Keynote ($3,000)
- ☐ Column Wrap/Escalator Clings/Staircase ($3,000 - ***limited to five sponsors***)
- ☐ Wellness Room ($5,000)
- ☐ Charging Station ($3,500)
- ☐ Delegate Bags ($15,000)
- ☐ Name Badge Lanyards ($7,500)
- ☐ Headshot Booth ($10,000)
- ☐ Ribbon Wall ($1,500)

$ _____

▶ Exhibit Booth Selection/Pricing: Please reserve _____ booth(s)

Booth cost does not include utilities such as electric or internet. Two Exhibitor Badges per booth are provided. Names must be provided to ABCT one month prior to the Congress and no later than Friday, May 15, 2026. All other exhibitor attendees must register and pay the General registration fee. Exhibits will be open and should be staffed from 10:00 a.m. to 5:00 p.m. on Friday and Saturday, and from 9:00 a.m. to 1:00 p.m. on Sunday.

Participating companies qualify for a 50-word description of their product or services, which will appear on our website and in the Program Supplement. Descriptions exceeding 50 words will be edited. **Please email tchilders@abct.org when sending in your contract.**

▶ Ad in Convention Program Supplement:

Please reserve _____ space(s) in the Convention Program Supplement:

☐ Full Page, regular rate ($2,500); ☐ Full Page, nonprofit rate ($2,000)

☐ 1/2 page, regular rate ($1,000); ☐ 1/2 page, nonprofit rate ($800) $ _____

☐ 1/4 page, regular rate ($850); ☐ 1/4 page, nonprofit rate ($680)

Payment Information: *Full payment is required with contract and must be received in U.S. currency. Your application will not be processed without payment. All exhibiting/sponsorship companies/organizations cancelling space prior to May 8, 2026 will be charged a $500 processing fee. No refunds will be issued for exhibit space cancellations received after May 8, 2026.*

CHECK or MONEY ORDER: *Mail this form, along with your check or money order, made payable to ABCT to: Tonya Childers, Exhibits Manager, ABCT, 305 Seventh Avenue, 16th Floor, New York, NY 10001-6008*

Visa | MasterCard | American Express | Check

Credit Card # _____ CVV _____ Expiration Date _____

Cardholder Name (please print) _____

Cardholder email _____

Amount total charge: $_____ "I authorize you to charge the payment"

Signature _____ Print Name: _____

ABCT Use Only

Date Received: _____

Amt. Received: $ _____

Check # _____

Booth #_____