

# ENTRY FORM #1 For Web-based and Mobile Digital Entries

## Contact Information: (Who we should contact if this entry wins an award. Please clearly print or type all information below.)

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## Award Information: (What we will list if this entry wins.)

Entry Title (Actual name of your entry) \_\_\_\_\_

Organization (If different than Contact Organization) \_\_\_\_\_

Twitter Handle (If available) \_\_\_\_\_

## Division: (What type of organization produced this entry? Check only one)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Association/Professional Society (non-profit)   | <input type="checkbox"/> Educational Institution            | <input type="checkbox"/> Medical Equipment/Device Manufacturer   |
| <input type="checkbox"/> Business (less than 500 employees)  | <input type="checkbox"/> Financial Services/Insurance       | <input type="checkbox"/> Media<br>Choose one: <input type="checkbox"/> Local/State <input type="checkbox"/> National |
| <input type="checkbox"/> Business (500+ employees)   | <input type="checkbox"/> Government (Local, State, Federal) | <input type="checkbox"/> Pharmaceutical Company  |
| <input type="checkbox"/> Community Organization (non-profit)<br>Choose one: <input type="checkbox"/> Local/State <input type="checkbox"/> National | <input type="checkbox"/> Health Insurer                     | <input type="checkbox"/> Other Organization  |
| <input type="checkbox"/> Consumer Product Company  | <input type="checkbox"/> Hospital/Health Care System        |  |
|  | <input type="checkbox"/> Housing                            |  |

## Category: (What type of entry is being submitted? Check only one)

- |  |  |  |
|--|--|--|
| <b>Web-based Digital Resources</b>                 | <input type="checkbox"/> Infographic             | <input type="checkbox"/> Website             |
| <input type="checkbox"/> Brain Fitness             | <input type="checkbox"/> Interactive Content     | <input type="checkbox"/> Other/Miscellaneous |
| <input type="checkbox"/> Caregiving                | <input type="checkbox"/> Publications/Media      | <b>Mobile Digital Resources</b>              |
| <input type="checkbox"/> Care Coordination         | <input type="checkbox"/> Portal                  | <input type="checkbox"/> Mobile Website      |
| <input type="checkbox"/> Directory/Ratings/Guides  | <input type="checkbox"/> Social Media            | <input type="checkbox"/> Mobile Application  |
| <input type="checkbox"/> Online Education/Training | <input type="checkbox"/> Web-based Resource/Tool |  |
| <input type="checkbox"/> Health Records (PHRs)     | <input type="checkbox"/> Webinar                 |  |

General Questions? Call: 800-828-8225 • E-mail: [info@agingawards.com](mailto:info@agingawards.com).

Visit [agingawards.com](http://agingawards.com) if you have questions about which division or category is most appropriate for your entry.

## Entry Deadline: September 30, 2020

## Payment Information:

**Entry Fee** (US Dollars): **\$68** per entry

### Make checks payable to:

Mature Market Resource Center (or MMRC)

### Send to:

Mature Market Resource Center  
328 W. Lincoln Avenue  
Libertyville, Illinois 60048

Our Federal Tax I.D. # is 36-3559293

## Method of Payment:

Check Enclosed  Visa  MasterCard  Amex

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code (on back of card) \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

NOTE: If you prefer, for additional security you may call us with your credit card information: 800-828-8225 (weekdays 9-5 Central time).

**HOW TO ENTER:** Mail entry form with a one-page sheet that includes a short description of your entry and how we can review your product or service digitally—Website(s), PDF, Video Link, YouTube, etc.

(Please detach and return; you may photocopy this entry form or download a copy at [agingawards.com](http://agingawards.com).)