

New Product & Technology Awards

Submission Requirements — Products, services and technologies for older adults and their families

Entry Deadline: Friday, August 5, 2011

Please read the following before completing an entry form:

1. **Complete all information requested.** English language entries only.
2. **Submit one copy of your entry along with two copies of your entry form.** Choose one Division and one Category for each entry. There is no limit to the number of entries you may submit. Entries will not be returned.
3. **Large entries** — If your entry is too large to ship, please submit a video (streaming or DVD) demonstrating your product/service/technology features and benefits.
4. **Entry Fee: \$78 (USD) per entry.**
5. **Accepted forms of payment:** Visa, MasterCard, American Express, Check. Make checks payable to the Health Information Resource Center or (HIRC). Payment must accompany your entry. (Fed. Tax I.D. # 36-355-9293)

If paying with credit card, please provide the security code (3 digit code on the back of Visa and Mastercard. 4 digit code on front of American Express cards.)

Submit by fax or mail:

Fax 847-816-8662 (24 hours a day, 7 days a week)

Mail (enclose payment) Mature Market Resource Center
New Product & Technology Awards
1850 West Winchester Road, Suite 213
Libertyville, IL 60048-5355

Make checks payable to Mature Market Resource Center (or MMRC)
(Our Federal Tax ID # 36-3559293)

Questions?

Phone: 1-800-828-8225 (outside the US: 847-816-8660)

E-mail: info@agingawards.com

Website: agingawards.com

ENTRY FORM — Products, services and technologies for older adults and their families

The Mature Market Resource Center's



Recognizing Innovative Products & Services for Older Adults and Their Families.

Submit Your Completed Entry Form

By Mail: Mature Market Resource Center
1850 W. Winchester Rd., Suite 213
Libertyville, IL 60048

By Fax: 847-816-8662

Complete one form per entry. Please type or print clearly.



Who is the main contact for this entry?

Name _____ Title _____

Organization _____

Address _____

City / State / Zip _____

Phone _____ E-mail _____

How should we credit this entry if it wins an award?

Entry Title _____

Credited Organization or Individual's Name _____

Twitter Account Associated With This Entry (if available) _____

What kind of organization produced this entry? (Select one Division)

- | | | |
|---|---|---|
| <input type="checkbox"/> Community Organization (non-profit)
<i>Choose one:</i> <input type="checkbox"/> Local/State <input type="checkbox"/> National | <input type="checkbox"/> Financial Services/Insurance | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Business (less than 500 employees) | <input type="checkbox"/> Government (Local, State, Federal) | <input type="checkbox"/> Media
<i>Choose one:</i> <input type="checkbox"/> Local/State <input type="checkbox"/> National |
| <input type="checkbox"/> Business (500+ employees) | <input type="checkbox"/> Hospital/Health Care System | <input type="checkbox"/> Other/Miscellaneous Organization |
| | <input type="checkbox"/> Health Insurance Provider | |

How would you categorize this entry? (Select one Category)

- | | | |
|---|---|--|
| <input type="checkbox"/> Assistive Devices | <input type="checkbox"/> Health Products & Services | <input type="checkbox"/> Personal Mobility |
| <input type="checkbox"/> Automotive/Transportation | <input type="checkbox"/> Home Products & Materials | <input type="checkbox"/> Personal Products & Services |
| <input type="checkbox"/> Communication Devices | <input type="checkbox"/> Housing & Design | <input type="checkbox"/> Prevention/Health Maintenance |
| <input type="checkbox"/> Computer Technology/Software | <input type="checkbox"/> Hygiene/Grooming | <input type="checkbox"/> Rehabilitation/Therapy |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Medication Management | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Entertainment/Leisure | <input type="checkbox"/> Monitoring/Detection | <input type="checkbox"/> Other/Miscellaneous |
| <input type="checkbox"/> Fitness/Wellness | <input type="checkbox"/> Nutrition | |

Visit agingawards.com if you have questions about which category is most appropriate for your entry.

Payment Information:

Entry Fee (US Dollars): \$78 per entry

Make checks payable to:

Mature Market Resource Center (or MMRC)

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

Method of Payment:

- Check Enclosed Visa MasterCard American Express

Card Number _____

Exp. Date _____ Security Code _____

Print Name _____

Signature _____