

6th Annual

The Mature Market Resource Center's

New Product & Technology Awards[®] 2016

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

Call For Entries

ENTRY DEADLINE:
JULY 29, 2016



2016 Sponsors:



ABOUT THE NEW PRODUCT & TECHNOLOGY AWARDS®

This awards program, organized by the *Mature Market Resource Center*™ (MMRC), annually recognizes the world's best technologies, products and services for older adults and their families.

The MMRC also organizes the 25-year-old *National Mature Media Awards*™, the largest awards program of its kind that recognizes the nation's best educational and marketing materials and programs for older adults. The *New Product and Technology Awards* program extends the MMRC's efforts to recognize the best products, services, and technologies for the senior market.

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agingawards.com

SUBMISSION REQUIREMENTS

- Submit your entry along with two copies of your entry form. Type or neatly print all information on the appropriate entry form.
- Select one of the two entry forms to complete: **Entry Form #1 for Web-Based and Mobile Digital Entries**, or **Entry Form #2 for Product, Service, and Technology Entries**.
- If your entry is too large to ship, please submit a video (streaming or DVD) demonstrating your product/service features and benefits.

For Web-based Digital Health Entries:

- Provide a direct link (URL), to your entry. If applicable, provide access codes (username/password) on a separate page. Visit agingawards.com for more information about access code requirements.

For Mobile Digital Health Resources Entries:

- On a separate page, provide instructions on how to download your mobile app (example: name of app in the app store.) If necessary, provide us with a promotional code that will enable us to download your mobile application entry free of charge. Tell us the mobile format on which your entry should be displayed (responsive design, smartphone, tablet).

Entry Deadline: July 29, 2016

Entry Fee: Enclose a fee of either \$59 or \$79 — based on entry type — for each entry you submit. *There is no limit to the number of entries you may submit.*

Questions? Phone: 1-800-828-8225 (outside the US: 847-816-8660) **E-mail:** info@agingawards.com

Judging

Gold, Silver, Bronze and Merit certificates will be awarded by category and division. Using a rating scale of 1-100, a panel of experts will judge entries based on criteria that can be found at agingawards.com. All judges' decisions are final. Awards packets will be sent to winners in late summer. Selected winners may also be awarded special "Nana Technology™" recognition by George Mason University's Program in Assisted Living/Senior Housing — visit agingawards.com for details.

AWARD RECOGNITION

Should your organization receive a 2016 New Product & Technology Award, you will receive the following:

- A colorful Gold, Silver, Bronze or Merit certificate recognizing your achievement
- A one-year license to use the awards program logo for your marketing and promotional purposes
- National publicity of your award
- Your product/service posted on agingawards.com



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

Contact Information: (Who we should contact if this entry wins an award.)

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) _____

URL: (Link to your web-based or mobile entry)

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 |
| <input type="checkbox"/> Business (500+ employees) | <input type="checkbox"/> Government (Local, State, Federal) | Choose one: <input type="checkbox"/> Local/State <input type="checkbox"/> National |
| <input type="checkbox"/> Community Organization (non-profit) | <input type="checkbox"/> Health Insurer | <input type="checkbox"/> Pharmaceutical Company |
| Choose one: <input type="checkbox"/> Local/State <input type="checkbox"/> National | <input type="checkbox"/> Hospital/Health Care System | <input type="checkbox"/> Other Organization |
| <input type="checkbox"/> Consumer Product Company | <input type="checkbox"/> Housing | |

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

Web-based Digital Resources

- ☐ Brain Fitness
- ☐ Caregiving
- ☐ Care Coordination
- ☐ Directory/Ratings/Guides
- ☐ Online Education/Training
- ☐ Health Records (PHRs)
- ☐ Infographic
- ☐ Interactive Content
- ☐ Publications/Media (choose one subcategory)
 - ☐ Article (Single Article) ☐ Audio
 - ☐ Blog ☐ Book ☐ Magazine (Single Issue)
 - ☐ Newsletter (Single Issue)
 - ☐ Medical Education (CME, etc.)
 - ☐ Video ☐ Other/Misc. Dig. Hlth. Media/Pub.

- ☐ Portal
- ☐ Social Media (choose one subcategory)
 - ☐ Facebook ☐ Google+ ☐ Instagram
 - ☐ LinkedIn ☐ Pinterest ☐ Twitter
 - ☐ YouTube ☐ Other/Misc. Social Media
- ☐ Web-based Resource/Tool
- ☐ Webinar
- ☐ Website
- ☐ Other/Miscellaneous

Mobile Digital Resources

- ☐ Mobile Website
- ☐ Mobile Application (choose one subcategory)
 - ☐ Brain Health/Fitness ☐ Caregiving
 - ☐ Care Coordination ☐ Entertainment/Games
 - ☐ Online Education ☐ Retirement Planning
 - ☐ Wellness Management and Compliance (choose type)
 - ☐ Blood Pressure Management
 - ☐ Cholesterol Management
 - ☐ Diabetes Management
 - ☐ Medication Management

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

Payment Information:

Entry Fee (US Dollars): **\$59** per entry

Make checks payable to:

Mature Market Resource Center (or MMRC)

Send to:

Mature Market Resource Center
328 W. Lincoln Ave., Suite 10
Libertyville, Illinois 60048

Method of Payment:

☐ Check Enclosed ☐ Visa ☐ MasterCard

Card Number _____

Exp. Date _____ Security Code (on back of card) _____

Print Name _____

Signature _____

ENTRY FORM #2 For Product, Service, and Technology Entries

Contact Information: (Who we should contact if this entry wins an award.)

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) _____

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 |
| <input type="checkbox"/> Business (500+ employees) | <input type="checkbox"/> Government (Local, State, Federal) | <input type="checkbox"/> Choose one: <input type="checkbox"/> Local/State <input type="checkbox"/> National |
| <input type="checkbox"/> Community Organization (non-profit) | <input type="checkbox"/> Health Insurer | <input type="checkbox"/> Pharmaceutical Company |
| <input type="checkbox"/> Choose one: <input type="checkbox"/> Local/State <input type="checkbox"/> National | <input type="checkbox"/> Hospital/Health Care System | <input type="checkbox"/> Other Organization |
| <input type="checkbox"/> Consumer Product Company | <input type="checkbox"/> Housing | |

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

- | | | |
|---|--|--|
| Products, Services, and Technologies | <input type="checkbox"/> Health Products, Services, and Programs | <input type="checkbox"/> Medication Adherence & Compliance Products/Programs |
| <input type="checkbox"/> Automotive/Transportation | <input type="checkbox"/> Hearing Technologies | <input type="checkbox"/> Monitoring/Detection Devices and Programs |
| <input type="checkbox"/> Brain Health/Brain Fitness Programs & Services | <input type="checkbox"/> Housing and Design | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Communication Devices/Products | <input type="checkbox"/> Hygiene/Grooming | <input type="checkbox"/> Personal Mobility |
| <input type="checkbox"/> Consumer Electronics | <input type="checkbox"/> Lifestyle Assistive Technologies & Devices (choose one subcategory) | <input type="checkbox"/> Personal Robotics |
| <input type="checkbox"/> Digital Devices | <input type="checkbox"/> Home Maintenance | <input type="checkbox"/> Rehabilitation/Therapy |
| <input type="checkbox"/> Entertainment/Leisure | <input type="checkbox"/> Home Safety | <input type="checkbox"/> Safety Products and Services |
| <input type="checkbox"/> Fall Prevention/Fall Detection Products/Services | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Vision Technology |
| <input type="checkbox"/> Fitness/Wellness Products & Services | <input type="checkbox"/> Cooking | <input type="checkbox"/> Wearable Technology Products |
| <input type="checkbox"/> Health Management Products/Programs | <input type="checkbox"/> Bathing | <input type="checkbox"/> Other/Miscellaneous |
| | <input type="checkbox"/> Eating | |
| | <input type="checkbox"/> Dressing | |

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Payment Information:

Entry Fee (US Dollars): **\$79** per entry

Make checks payable to:

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Send to:

Mature Market Resource Center
328 W. Lincoln Ave., Suite 10
Libertyville, Illinois 60048

Method of Payment:

☐ Check Enclosed ☐ Visa ☐ MasterCard

Card Number _____

Exp. Date _____ Security Code (on back of card) _____

Print Name _____

Signature _____

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