

# ENTRY FORM #2 For Product, Service, and Technology 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                                 |
| <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)           | <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                            |  |
- Choose one:  Local/State  National

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

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

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 Entry Form and Description Page 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 do not send physical products.