

TECHShowcase Application

2012 Technology Summit June 26, 2012

Embassy Suites North | Indianapolis, IN



INSTRUCTIONS Please type or print all information. Return completed form with payment to LeadingAge Indiana, P.O. Box 68829, Indianapolis, IN 46268, or fax to 317-733-2385. Check or credit card information must be enclosed to reserve space.

Name of Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ E-mail: _____

TECH COMPONENT

All Tech Showcase Vendors are required to offer an innovation in care that fits into one of our five predefined categories. Please indicate which category applies to your product or service and explain.

- Infrastructure technologies** wireless networking; hand-held devices; area-wide networks to connect staff; technologies designed to assist in process management.
- Safety technologies** personal emergency response systems; electronic call systems; fall detectors.
- Health and wellness technologies** telehealth devices; medication dispensers; remote monitoring sensors; telecoaching; and telemedicine for rural health care.
- Documentation technologies** electronic health records, quality of life measurement tools; point-of-care systems; clinical care tracking software.
- Social networking technologies** computer and internet training programs for seniors; secure social networks for connecting seniors with family and friends; social gaming technologies; cognitive brain fitness software; virtual senior center.

Please Describe Your Innovative Technology:

PAYMENT OPTIONS

Members \$300/Non-Members \$400

Includes (1) 6 X 3 skirted table, (1) chair, and (1) conference registration (The fee includes one vendor per tabletop. If you would like to have an additional vendor, you will be required to pay an additional fee of \$99 per person)

Member Fee \$300 **Non-Member Fee \$400** **Additional Exhibitor Fee \$99**

TOTAL \$ _____ Check (Payable to LeadingAge Indiana) MC Visa AMEX

Credit Card #: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

QUESTIONS

www.LeadingAgeIndiana.org P.O. Box 68829, Indianapolis, IN 46268 P (317) 733-2380 | F (317) 733-2385