**McKnight’s Technology Awards**

**Hi Tech/Hi Touch Entry Form**

1 . Is your organization:

[ ] For profit

[ ] Non-profit

2. Can you briefly describe the technology that was used at your facility to improve caregiver interaction with residents?

3. Can you point to specific benefits that were derived from this effort?

4. Please list the vendor(s) who helped in this effort (if relevant)

5. Can you provide us some background information:

Community name:

Contact name:

Contact e-mail:

Contact Phone:

When complete, please email this form to:

[John.oconnor@mcknights.com](mailto:John.oconnor@mcknights.com)

\*\*\* THIS FORM IS FOR REVIEW ONLY \*\*\* THIS IS NOT A FAX SURVEY FORM \*\*\*

YOU MUST COMPLETE ALL ACTIVITIES SURROUNDING THIS FORM AT https://www.mblast.com/mr.asp?2.263950.8