# 2018 AGHE Business & aging committee’S

# global Business of Aging

# pitch competition entry form

#Business&Aging #GlobalAgingPitch

#LongevityEconomy #OpportuntitiesInAging

[Official Global Business of Aging Pitch Competition](https://www.globalbusinessofaging.com/) Entry Form

By 5:00 pm EST Friday, January 31, 2018 please have uploaded your Pitch to the private Global Business of Aging Pitch YouTube site and send completed Competition Entry Form and Executive Summary Business Plan to [aghebapitchcomp@gmail.com](mailto:aghebapitchcomp@gmail.com)

Primary Participant’s Information:

Last name:

First name:

Email address for official contest notification:

Phone number (include country code):

Mailing Address:

City:

State:

Country:

Zip:

Primary Participant’s Educational Information:

1. I am a currently enrolled full or part-time student (underline one): yes no (if yes please go to Question 2. If not, please go to Question 4).
2. I am currently enrolled (underline one): in a community college, college, or a university.
3. My current educational status (underline one): undergraduate graduate student faculty post-doc
4. I was a enrolled full or part-time student who graduated between August 2017 and December 2017, so am eligible to enter the [Global Business of Aging Pitch Competition](https://www.globalbusinessofaging.com/) in the student category (underline one): yes no (if yes, please go to Question 5. If not, please go to Question 6)
5. My degree awarded between August 2017 and December 2017 was (underline one): Bachelors Master Doctoral
6. I am entering as a faculty or post-doctoral participant (underline one) yes no

Primary Participant’s Institutional Information:

Institution name:

Website:

Primary Participant’s Faculty Sponsor’s Information

Last name:

First name:

Phone number (include country code):

Mailing Address:

City:

State:

Country:

Zip:

*GLOBAL BUSINESS OF AGING PITCH COMPETITION* INFORMATION:

Business Name:

YouTube Pitch has been uploaded: (underline one): yes no (if yes please complete. If not, please upload ).

YouTube Pitch URL:

Complete list of team members and emails:

1.

2.

3.

Etc.

Please attach completed sheets for each participant with their information and signature (see end of Entry form for Individual Participant forms).

Primary Participant’s official signature Date

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Faculty Advisor’s official signature Date

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Send the completed Competition Entry Form for the 2018 AGHE [Global Business of Aging Pitch Competition](https://www.globalbusinessofaging.com/) together with the Executive Summary Business Plan and Pitch YouTube link by 5:00 pm EST Friday, January 31, 2018 to [aghebapitchcomp@gmail.com](mailto:aghebapitchcomp@gmail.com)

**[Additional Participants Forms Below]**

If you have questions, please contact us @ [aghebapitchcomp@gmail.com](mailto:aghebapitchcomp@gmail.com)

Official Competition Entry Form for Additional Participants

AGHE Global Business of Aging Pitch Competition

Team Participant’s Information for Team:

Team member number (please give each member a number starting at 1):

A completed a form for each individual team member is required.

Last name:

First name:

Email address for official contest notification:

Phone number (include country code):

Mailing Address:

City:

State:

Country:

Zip:

Participant’s Educational Information:

1. I am a currently enrolled full or part-time student (underline one): yes no (if yes please go to Question 2. If not, please go to Question 4).
2. I am currently enrolled (underline one): in a community college, college, or a university.
3. My current educational status (underline one): undergraduate graduate student faculty post-doc
4. I was a enrolled full or part-time student who graduated between August 2017 and December 2017, so am eligible to enter the [Global Business of Aging Pitch Competition](https://www.globalbusinessofaging.com/) in the student category (underline one): yes no (if yes, please go to Question 5. If not, please go to Question 6)
5. My degree awarded between August 2017 and December 2017 was (underline one): Bachelors Master Doctoral
6. I am entering as a faculty or post-doctoral participant (underline one) yes no

Participant’s Institutional Information:

Institution name:

Website:

Participant’s Team’s Faculty Sponsor’s Information

Last name:

First name:

Phone number (include country code):

Mailing Address:

City:

State:

Country:

Zip: