

## **Healthcare Convention & Exhibitors Association (HCEA) Research Grant Application**

**What is HCEA?** The Healthcare Convention & Exhibitors Association (HCEA) is a trade association solely dedicated to improving the effectiveness of all conventions, meetings and exhibitions of the healthcare industry, including quantifying the value of healthcare exhibiting in the marketing mix. HCEA represents more than 700 member organizations involved in healthcare exhibitions and conventions.

**Background** This research grant program, administered by HCEA, was established in 2001 to demonstrate the value of healthcare exhibiting. It is the first grant of its kind.

**Definition of Terms** To provide a clearer understanding of terms used in this application, the following terms are defined:

**Healthcare Marketing** - The marketing of healthcare products (e.g., pharmaceuticals, medical devices/supplies/equipment, medical services). Encompasses pharmaceutical marketing (see below). Does not include the marketing of hospitals or other healthcare facilities or healthcare provider plans.

**Pharmaceutical Marketing** - The marketing of pharmaceutical products. Does not include marketing of pharmacies or pharmacy services.

**Tradeshow Marketing** - The marketing of products at conventions and tradeshows. Does not including the marketing of tradeshows. Synonymous in this document with the terms exhibit marketing and convention marketing.

**Terms of Eligibility** The grant program is intended for all individuals interested in conducting research in the healthcare marketing or trade show industry or becoming more involved with the healthcare tradeshow industry. Applicants should demonstrate that they intend to study a quantifiable, or possibly a qualitative,

measure of healthcare exhibit marketing's effectiveness. The recipient must possess an earnest interest in the healthcare industry, and in particular, in exhibit or healthcare marketing. The ideal recipient will be a college student working towards an undergraduate or graduate degree, preferably in marketing, possibly with a desire to pursue a career in healthcare marketing or the tradeshow industry. Eligibility will also be determined by the topic the candidate proposes to study, with those topics having the greatest likely direct demonstration of healthcare exhibit marketing's return on investment given preference. All research should be conducted with university faculty review and oversight, in addition to HCEA's.

**Restrictions** The grant is not given only for financial aid to individuals, rather for specific research on healthcare meetings and their ROI.

Personal travel for the benefit of any individual is not the intended focus for this grant.

Practical considerations require that the grant project shall be conducted in locations and formats that can be monitored by the Research Grant committee, consultants, and academic advisors.

HCEA does not provide any indirect expenses with the grant.

Ownership of any non-expendable items of commercial value used primarily for the research project will be retained by HCEA upon termination of the grant.

All research data materials generated as a result of the recipient's Research Grant project will become the property of HCEA for its own use, at the submission of the project to HCEA. HCEA may extend, at its discretion, researchers the right to publish the findings in an academic journal if so requested.

**Terms of Grant** The stipend will be no less than \$2,000, and may increase depending on the nature of the applicant's proposal.

A committee of HCEA member representatives and staff will evaluate each application.

The recipient will have one semester to use this money, complete all research and draft a final report for the research project. A summary of the work for publication in HCEA's various publications will also be required as part of the project.

Progress reports are required three times during the semester and are to be sent to the attention of Eric Allen at HCEA and approved before final grant payment is made.

Recipients will receive one-third of the grant payment at the time of selection, with the remaining balance to be paid when the research has been satisfactorily completed and turned in to HCEA.

The recipient(s) may be invited to attend the HCEA Annual Meeting to present the results of his/her research.

**Research Proposal** The proposal for how you will conduct your project needs to be clearly defined in five pages or less. This proposal needs to be typed and accompany your grant application.

The proposal needs to include: title of the research project, background information, description of the research project, and a proposed budget with specific budget items.

No requests for funds will be considered unless accompanied by two copies of the application form and proposal.

A description of the deliverables of your project – that is how you plan to submit your results (e.g. data sets, case studies, slides should be included with your Research Proposal. Only one option is necessary.

# Healthcare Convention & Exhibitors Association Research Grant Application 2009

PLEASE TYPE OR PRINT CLEARLY.

## A. PERSONAL INFORMATION

Name \_\_\_\_\_

SSN/ID # \_\_\_\_\_

Current Street Address \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_

Permanent Street Address \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

## B. CONTACT INFORMATION OF SUPERVISING PROFESSOR (IF APPLICABLE)

Name \_\_\_\_\_

Title \_\_\_\_\_

School/Department \_\_\_\_\_

Mailing Address \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

**C. CURRENT EXHIBIT/HEALTHCARE MARKETING STATUS**

Are you currently a full-time student? \_\_\_\_\_

If yes, what school? \_\_\_\_\_

What level of education have you reached at this point? \_\_\_\_\_

Are you currently enrolled or do you intend to enroll in a pharmaceutical marketing, other healthcare product marketing, or tradeshow marketing class or program?

\_\_\_\_\_

If yes, name of class? \_\_\_\_\_

Date started \_\_\_\_\_ Anticipated date of completion \_\_\_\_\_

What is the name of the class that you anticipate to complete this Research Grant project (if Awarded) in conjunction with (if different from above)?

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What degree will you receive when you complete your studies?

\_\_\_\_\_

Have you ever applied for a research grant before?

\_\_\_\_\_

Have you ever been accepted?

\_\_\_\_\_

Have you ever been employed by a tradeshow or healthcare firm?

\_\_\_\_\_

If yes, what was your position/title? \_\_\_\_\_

Name of firm/organization \_\_\_\_\_

To the best of your knowledge, list any scholarships, grants or financial aid that you have received:

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\_\_\_\_\_

\_\_\_\_\_

**D. TRADESHOW/HEALTHCARE MARKETING CAREER GOALS  
(OPTIONAL)**

Briefly describe your tradeshow and/or healthcare marketing career goals. (If you do not intend to pursue a career in tradeshow or healthcare marketing, please describe briefly your interest in this field, in particular addressing your interest in conducting this project.) \_\_\_\_\_

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**E. EDUCATIONAL RECORD**

List your education in reverse chronological order, with you current enrollment (if applicable) listed first. Please submit a copy of your transcript with your latest grades.

School	Address/Phone	Dates Attended	Degree/Diploma/Certificate
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**F. TRADESHOW/HEALTHCARE MARKETING INDUSTRY EDUCATIONAL RECORD**

List any and all education coursework in the tradeshow/exhibit marketing industry beginning with your most current courses.

Class	School	Address/Phone	Date of Enrollment	Class
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**G. SPECIALIZED TRADESHOW OR HEALTHCARE MARKETING EXPERIENCE**

List any tradeshow or healthcare marketing professional development courses you have completed:

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## **H. LETTERS OF RECOMMENDATION**

This application requires at least one, preferably two letters of recommendation written by people who are closely associated with your educational or professional career (employer, instructor, guidance counselor, etc). Recommendations written by relatives are not acceptable. Applications submitted without letters of recommendations will be considered incomplete until letters are received.

## **I. RESEARCH PROPOSAL**

Don't forget to include your Research Proposal. (See instructions.) The proposal must be typed and submitted with this application.

**The proposal needs to include:**

- **Title of the Research Project**
- **Background Information**
- **Description of the Research Project**
- **A proposed budget**
- **Deliverables**

## **J. VOLUNTEER ACTIVITIES/COMMUNITY SERVICE (OPTIONAL)**

**Please list any volunteer activities and community service that you have done in the past five years, especially if you believe they shed light on your application for this research grant.**

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## **K. AWARDS/HONORS**

**Please list any awards or honors that you have received in the past five years.**

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**I understand that should I receive an award from the Healthcare Convention & Exhibitors Association, as a condition to my acceptance of this award, I hereby agree that neither HCEA nor any of its officers, directors, employees or agents (collectively "HCEA") shall be responsible for, and I hereby release and agree to indemnify, defend and hold harmless HCEA from (I) any and all costs and expenses (other than, but not specifically limited to, grant monies identified in writing by the grantor of this scholarship) I have incurred or in the future may incur (including, but not limited to, room and board, transportation, meals and other clothing) and (II) any and all personal injury and property damage and any other claims, causes of action or other damages I sustain, in connection with my participation in the HCEA Research Grant program.**

**Should I receive the grant, HCEA has my permission to use my name, photo (s) and testimonial to promote the HCEA Research Grant program, as well as in any other promotional material for the association.**

**I certify that I have read this application and that the information I have written is accurate and complete to the best of my knowledge. I agree to provide any documentation to verify this information.**

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Supervising Professor Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

#### **L. APPLICATION CHECKLIST**

- **Completed Application (Must include 2 copies)**
- **One copy of transcript of recent grades (if full time student at time of application)**
- **Research Proposal (Must include 2 copies)**
- **Letters from professional references**

#### **M. QUESTIONS**

Contact: Jennifer Palcher-Silliman, Director of Communications  
Phone: (404) 252-3663  
Fax: (404) 252-0774  
E-mail: [jpalcher@kellencompany.com](mailto:jpalcher@kellencompany.com)

#### **SEND COMPLETED APPLICATION TO:**

Healthcare Convention & Exhibitors Association  
ATTN: Jennifer Palcher-Silliman  
1100 Johnson Ferry Road, Suite 300  
Atlanta, Georgia 30342