

Company/Individual Name

**Award being entered** (*2019 Transitions Brand Ambassador, Retailer of the Year, Best in Training, Best in Marketing, Eyecare Practice of the Year)*

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| **About Us**  We want to know more about you! Please provide a company or Individual background. |
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| **Commitment and Inspiration**  What prompted your dedication to theTransitions*®* brand this year? What was the inspiration behind your work? Was it in response to an existing problem or was it a new objective? |
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| **Goals**  What did you hope to achieve? Who were you trying to reach and how did their needs, preferences, opinions play a role? |
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| **Plan and Creativity**  How did you plan to achieve your goals? What innovative approaches did you use to help you succeed? Did you use a completely new approach, a tried-and-true tactic or a mix of both? How was the *Transitions* brand or products included in your plans?   * + **Consider including photos and / or examples** |
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| **Impact and Results**  How did things turn out? How did you evaluate your success? Did you meet - or exceed - your goals? How will you build on your success? How did you impact Transitions*®* lens sales? If relevant, be sure to include your photochromic lens sales (including pair growth and share of overall mix). |
| |  |  |  |  | | --- | --- | --- | --- | |  | **2018** | **2019** | **% Increase** | | *Transitions* lens sales  (If relevant, split out Transitions® Signature® lenses, Transitions® XTRActive® lenses, Transitions® Vantage® lenses, Transitions® Drivewear® lenses, etc.) |  |  |  | | Share of overall sales  (% of your overall lenses sold that are *Transitions* lenses) |  |  |  | |