



Cochlear Implant External Equipment  
**Auria® Harmony™**  
 Product Registration Form  
 (North America, Asia, and Latin America)

Thank you for choosing the Auria® Harmony™ Processor. Please complete and mail this Product Registration Form to us immediately. Prompt registration confirms or continues your right to protection under the terms and conditions of the Advanced Bionics® Limited Warranty. Information on this form will be collected and used in accordance with legal requirements concerning data protection and confidentiality.

**Please print or type**

Last Name		First Name		Middle Initial	Date of Birth Mo   Day   Yr	
Mailing Address						
City		State or Province		Country	Zip or Postal Code	
Parent or Guardian Name (if patient is under 18)						
Native Language						
Telephone Home VOICE		Home TDD		Work VOICE		Work TDD
Fax		Email Address				
Name of Current Clinic, City & State					Clinic's Telephone	
Current Audiologist's Name					Fitting Date Mo   Day   Yr	
Sound Processor Serial No. / Sound Processor Type (Please print, type or place sticker here)			Sound Processor Serial No. / Sound Processor Type (Please print, type or place sticker here)			
Signature					Date Mo   Day   Yr	

**My signature acknowledges that I have read, understood, and accepted the terms and conditions of the Advanced Bionics Warranty for Sound Processors.**

- Check here if you would **not** like to receive product update information, surveys or other information.
- Check here if you would **not** like to be contacted as a possible candidate for clinical studies (when applicable).
- Check here if you would **not** like to join the Bionic Ear Association (BEA), our cochlear implant user community.

**Advanced Bionics® Corporation**  
 12740 San Fernando Road, Sylmar, CA 91342 U.S.A.  
 (661) 362-1400  
 (800) 678-2575 (in US & Canada)  
 (800) 678-3575 (TDD)  
 info@advancedbionics.com  
 www.AdvancedBionics.com • www.BionicEar.com





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