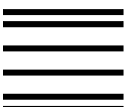
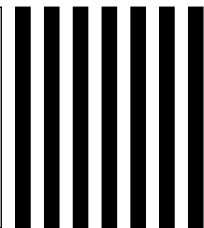


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## AB's Commitment to You



**Request Information**  
Get information on AB products; educational materials, resources and references; news and events; and a whole lot more.



**Comprehensive Warranty**  
Your internal implant is covered for 10 years; the external processor for three years, including a one-time loss and damage coverage.



**Technical Support Hotline**  
Highly trained representatives provide immediate assistance 12 hours a day (5 a.m. – 5 p.m. PST), Monday through Friday—with emergency paging access on weekends.



**Clinic Finder**  
AB offers a comprehensive listing of cochlear implant clinics around the world.



**48-Hour Product Replacement**  
Should any part of your system break, AB will ship you the necessary replacement part(s) within 48 hours (two business days).



**Insurance Reimbursement Services**  
AB's insurance experts provide comprehensive assistance including reviews of your coverage, pre-authorization services, direct billing, and help with Medicare.



**Online Chat Support**  
Along with phone support, AB also offers online chat support for technical or general assistance, as well as any other questions you may have.



**Webstore**  
Convenient, 24/7 online shopping for parts and accessories.

## THE BIONIC EAR ASSOCIATION *Hear and Be Heard*



*Connect Today!*

**bea**<sup>™</sup>  
Bionic Ear Association

# HEAR AND BE HEARD—Connect with the BEA Today!



Contact the BEA today and get connected with the best free resource for information, education and support for your hearing journey. Simply fill out and mail the postage-paid card. *You can also contact the BEA by calling 866.844.HEAR (4327), sending an email to [hear@AdvancedBionics.com](mailto:hear@AdvancedBionics.com), or joining online at [www.BionicEar.com](http://www.BionicEar.com).*

[www.BionicEar.com](http://www.BionicEar.com)



## The Bionic Ear Association

Yes, I want to receive information from the BEA!

*I'd also like to:*

- Receive information on AB cochlear implants
- Connect with a BEA mentor
- Become a BEA mentor

*I am:*

- considering a cochlear implant for myself, child or loved one
- a cochlear implant recipient or loved one of a recipient
- an audiologist or physician
- other  
(please specify) \_\_\_\_\_

*I heard about the BEA through:*

- Visiting a website  
(please specify) \_\_\_\_\_
- A friend
- Reading AB literature

- A hearing health professional
- An education professional/teacher
- Attending a conference or event  
(please specify) \_\_\_\_\_
- Other  
(please specify) \_\_\_\_\_

### Contact info

Name \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

TTY \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

*My preferred method of contact (circle one):*

Phone   TTY   Fax   E-mail   Regular mail