

# Platinum Series™ Sound Processor

Cochlear Implant External Equipment



## Product Registration Form (North America, Asia, and Latin America)

Thank you for choosing Advanced Bionics. 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 Providence		Country	Zip or Postal Code		
Parent or Guardian Name (if patient is under 18)							
Native Language							
Telephone Home VOICE		Home TTY		Work VOICE		Work TTY	
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)			
<p><b>My signature acknowledges that I have read, understood, and accepted the terms and conditions of the Advanced Bionics Warranty for sound processor.</b></p> <p><input type="checkbox"/> Check here if you would not like to receive product update information, surveys or other information.</p> <p><input type="checkbox"/> Check here if you would not like to join the Bionic Ear Association (BEA), our cochlear implant user community.</p>							
Signature					Date		
					Mo	Day	Yr

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