



# Cochlear Implant External Equipment NEW PRODUCT REGISTRATION FORM

Thank you for choosing Advanced Bionics. Please complete and mail this Product Registration Card to us at once. Prompt registration confirms or continues your right to protection under the terms and conditions of the Advanced Bionics limited warranty. Information on this card will be collected and used in accordance with legal requirements concerning data protection and confidentiality.

**Please print or type.**

		Native Language		Parent or Guardian Name (If patient is under 18)	
Last Name		First Name		Middle Initial	Date of Birth
Mailing Address					
City		State or Province		Country	Zip or Postal Code
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	
Sound Processor Serial No.		Sound Processor Model No.		Headpiece Serial No. (not Model No.)	
Signature				Date	

**My signature acknowledges that I have read, understood and accepted the terms and conditions of the Advanced Bionics warranty for Sound Processors, Headpieces and/or PowerCel Chargers.**

Check here if you would not like to be included on our mailing list and receive the CLARION users newsletter as well as information about product updates.

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