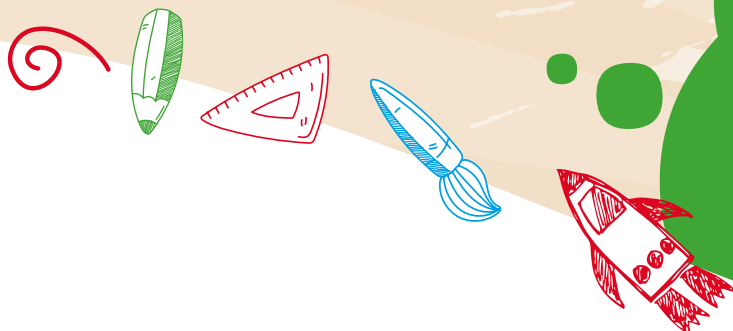


the ideas FOR ears COMPETITION

entry FORM



NAME OF CHILD: _____ AGE: _____

NAME OF PARENT / GUARDIAN: _____

Please tick the box to confirm that you have read the terms and conditions for this competition

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DESCRIBE YOUR INVENTION IN 200 WORDS OR LESS:

Enter by one of the following methods:

- EMAIL the entry form with the picture, illustration or drawing of invention/idea or a video no longer than one minute which outlines the invention/idea in more detail to ideas4ears@medel.com
- POST the entry form with the picture, illustration or drawing of invention/idea or enclose a USB containing a video no longer than one minute which outlines the invention/idea in more detail to MED-EL Australasia, Suite 2.07, 90-96 Bourke Road, Alexandria NSW 2015 Australia

CONTACT DETAILS FOR THE GUARDIAN:

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____