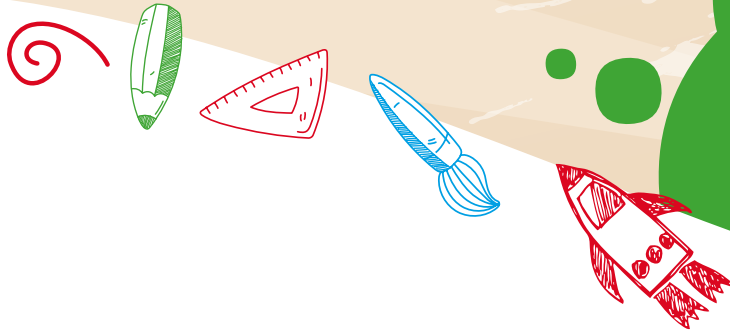


the ideas 4 ears COMPETITION

ENTRY FORM



age: _____

name of child: _____

name of parent / guardian: _____

Please check the box to confirm that you, as parent or guardian, have read the [terms and conditions](#) for this competition

parent/guardian signature: _____ date: _____

describe your invention
in 200 words or less:
use back of this paper if needed

how did you come up with your idea?

ENTRIES MUST BE RECEIVED BY SEPTEMBER 3 2017. Enter by one of the following methods:

- **EMAIL** the entry form with the picture, illustration or video (no longer than one minute), which outlines the invention/idea in more detail to ideas4ears.us@medel.com
- **MAIL** the entry form with the picture or illustration of invention/idea or enclose a USB containing a video (no longer than one minute) which outlines the invention/idea in more detail to Ideas 4 Ears, MED-EL, 2511 Old Cornwallis Road, Durham, NC 27713.

contact details for the guardian:

address: _____

telephone number: _____