



## Entry Form

### Section 1

Company name \_\_\_\_\_

Product name \_\_\_\_\_

### Section 2

**Product assists with disease and disability in the following way (please circle):**

Diagnosis

Prevention

Treatment

Management

### Section 3

Contact 1 First name \_\_\_\_\_ Surname \_\_\_\_\_

Contact 1 Position/Title \_\_\_\_\_

Contact 1 Email \_\_\_\_\_ Phone \_\_\_\_\_

Contact 2 First name \_\_\_\_\_ Surname \_\_\_\_\_

Contact 2 Position/Title \_\_\_\_\_

Contact 2 Email \_\_\_\_\_ Phone \_\_\_\_\_

### Authorisation:

I agree with the rules of the Award set out by MTAA and have provided accurate information about the product in this entry form. I am authorized by the company to submit an entry on its behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date