



medical technology
ASSOCIATION OF NEW ZEALAND

MTANZ Innovation Award 2020

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 MTANZ 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