



# ENTRY FORM

PAGE ONE

**Rules: Technologies that are eligible for a 2011 Spine Technology Award must be:**

1. Any device, biomaterial or biologic product that was developed to improve the care of patients with spine disease
2. The owners of the technology must have applied for patent protection within 36 months prior to the awards presentation (after November 3, 2008)
3. The technology must have been used in humans (clinical studies or other)
4. It need NOT be either FDA cleared or approved
5. If FDA approved or cleared, such approval or clearance was received NO MORE than 12 months before the awards presentation
6. No prior WINNING technology may be submitted again

**Instructions:**

1. Entry form is a 2-page cover sheet to provide general information and is to be completed as shown.
2. Any deviation from this form will cause it to be returned to submitter.
3. Maximum number of supporting documents is 8 pages, including text and graphics.
4. **Submission deadline is September 30, 2011.** No submissions will be accepted after this date.

Category of Technology

- |   |  |
|---|--|
| <input type="checkbox"/> Biomaterials and Biologics | <input type="checkbox"/> Minimally Invasive Spine Care |
| <input type="checkbox"/> Cervical Care              | <input type="checkbox"/> Motion Preservation           |
| <input type="checkbox"/> Thoracolumbar Care         |  |

Name of Technology \_\_\_\_\_

Name of Submitting Company \_\_\_\_\_

Name(s) of Inventor(s) \_\_\_\_\_

\_\_\_\_\_

Name(s) of Engineer(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Patent Filing \_\_\_\_\_

FDA Cleared or Approved? \_\_\_yes\_\_\_no      Date of Clearance or Approval \_\_\_\_\_





# ENTRY FORM

PAGE TWO

Technology Description  
*(Include up to 4 technology drawings or illustrations)*

---

---

---

---

Clinical need being addressed \_\_\_\_\_

---

---

---

---

How does this technology improve upon current standards of care? \_\_\_\_\_

---

---

---

---

Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Please email to [suzanne@ryortho.com](mailto:suzanne@ryortho.com) or mail to  
116 Ivywood Lane, Wayne, PA 19087

