

**Microsoft Health Innovation Awards 2019
Participant Release Form**

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I have read the rules of the competition and all information in the Submission form. I have read, and I understand the contest rules. I declare that the information supplied in this entry form is accurate and correct.

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Category Entered: _____

Customer Organization:

Partner/ISV/SI/OEM Organization (if applicable):

Authorized Signature

Authorized Signature

Name (Please print legibly)

Name (Please print legibly)

Title

Title

Customer Company Name

Partner Company Name

Date

Date

* If not typed in, **please print legibly**

Please scan and email this page no later than 5:00 PM (PT) Friday, January 18th, to **Monika Skibeness**

For more information, please contact Monika Skibeness at:

Email: Monika_TCS@msn.com

Phone: 425-870-4880