

2009 COOPERVISION REBATE

SAVE BIG ON YOUR COOPERVISION CONTACT LENSES.

Thanks for choosing CooperVision contact lenses. We're committed to providing everyone who wears our contact lenses with a truly exceptional wearing experience—one that will let you enjoy outstanding vision, excellent health, and a truly remarkable level of comfort that lasts all day long.

Learn more about contact lenses, lens care, vision conditions, and the technologies behind CooperVision contact lenses.

WWW.COOPERVISION.TV



coopervision.com

CooperVision®

SEE BEYOND THE ORDINARY®



HOW TO RECEIVE YOUR REBATE

1. Get an eye exam.
2. Purchase the required number of boxes of contact lenses.
3. Attach the following:
 - a. Dated sales receipt for your eligible lens purchase(s). Please circle lens purchase and date of lens purchase on receipt.
 - b. Dated eye exam receipt. Please circle eye exam and date of eye exam on receipt.
 - c. Include correct end panels with prescription information (varies by purchase quantity and product—see product on right).

NOTE: All purchases must be made within 60 days of eye exam. All receipts must be from the same prescribing practitioner or affiliated location. Rebate not valid in combination with purchase at Wal-Mart, Sam's Club, or 1-800 CONTACTS.

4. Mail this completed rebate form, product receipts, exam receipt(s), and end panels to:

COOPERVISION REBATE #08-40581
 P.O. BOX 540007
 EL PASO, TX 88554-0007



END PANEL EXAMPLE

To check your rebate status, visit www.rebatetrack.com/coopervision or call toll free 877-413-4692. Please allow 10-12 weeks for processing.

YOUR NAME

ADDRESS

CITY STATE ZIP

PHONE

EMAIL (OPTIONAL)

ADDITIONAL CONTACT LENS SAVINGS — NEW FIT/REFIT REBATE

(This section to be completed by your eye care practitioner):

NEW FIT/REFIT REBATE CONTINGENT UPON PURCHASE OF A NEW COOPERVISION BRAND PRODUCT. I certify that the patient listed is either new to CooperVision or is a new contact lens wearer.

\$25 OFF FITTING FEE

EYE CARE PRACTITIONER SIGNATURE _____

DATE _____

LIST PREVIOUS BRAND (IF ANY) _____

PLEASE CHECK THE LENSES YOU PURCHASED

SPHERE LENSES

| | |
|---|---|
| Avaira™ | <input type="checkbox"/> \$10 OFF 4 BOXES (send in 4 end panels) |
| | <input type="checkbox"/> \$30 OFF 8 BOXES (send in 8 end panels) |
| Other CooperVision 2-Week Disposable Silicone Hydrogel Lenses | <input type="checkbox"/> \$10 OFF 4 BOXES (send in 4 end panels) |
| | <input type="checkbox"/> \$30 OFF 8 BOXES (send in 8 end panels) |
| Biofinity® | <input type="checkbox"/> \$30 OFF 4 BOXES (send in 4 end panels) |
| Proclear® Sphere | <input type="checkbox"/> \$30 OFF 4 BOXES (send in 4 end panels) |
| Biomedics® XC | <input type="checkbox"/> \$30 OFF 8 BOXES (send in 8 end panels) |
| Other XC Brands | <input type="checkbox"/> \$30 OFF 8 BOXES (send in 8 end panels) |
| 1 Day Disposable Lenses (90-lens boxes only) | <input type="checkbox"/> \$20 OFF 4 BOXES (send in 4 end panels) |
| | <input type="checkbox"/> \$60 OFF 8 BOXES (send in 8 end panels) |

TORIC AND MULTIFOCAL LENSES

| | |
|--|---|
| Biofinity® Toric | <input type="checkbox"/> \$30 OFF 4 BOXES (send in 4 end panels) |
| Biomedics® Toric | <input type="checkbox"/> \$15 OFF 4 BOXES (send in 4 end panels) |
| | <input type="checkbox"/> \$30 OFF 8 BOXES (send in 8 end panels) |
| Vertex Toric® / Vertex Toric® XR | <input type="checkbox"/> \$15 OFF 4 BOXES (send in 4 end panels) |
| | <input type="checkbox"/> \$30 OFF 8 BOXES (send in 8 end panels) |
| Other CooperVision Disposable Torics | <input type="checkbox"/> \$15 OFF 4 BOXES (send in 4 end panels) |
| | <input type="checkbox"/> \$30 OFF 8 BOXES (send in 8 end panels) |
| ClearSight™ 1 Day Toric | <input type="checkbox"/> \$20 OFF 12 BOXES (send in 12 end panels) |
| | <input type="checkbox"/> \$60 OFF 24 BOXES (send in 24 end panels) |
| Frequency® Toric/Frequency® Toric XR | <input type="checkbox"/> \$30 OFF 4 BOXES (send in 4 end panels) |
| Proclear® Toric / Proclear® Toric XR | <input type="checkbox"/> \$30 OFF 4 BOXES (send in 4 end panels) |
| Biomedics® EP | <input type="checkbox"/> \$15 OFF 4 BOXES (send in 4 end panels) |
| | <input type="checkbox"/> \$30 OFF 8 BOXES (send in 8 end panels) |
| Frequency® Multifocal | <input type="checkbox"/> \$30 OFF 4 BOXES (send in 4 end panels) |
| Proclear® Multifocal/Proclear® Multifocal XR | <input type="checkbox"/> \$30 OFF 4 BOXES (send in 4 end panels) |
| Proclear® Multifocal Toric | <input type="checkbox"/> \$20 OFF 2 BOXES (send in 2 end panels) |
| | <input type="checkbox"/> \$50 OFF 4 BOXES (send in 4 end panels) |

For a combo rebate

Check this box and the appropriate boxes above if you wear a different lens in each eye AND purchased a total of 4 or 8 boxes. Your rebate will equal the higher of the two rebates.