

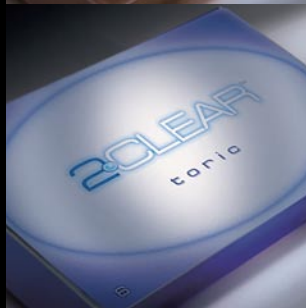
SAVE UP TO
\$85

Valid on purchases between January 1, 2009 and December 31, 2009.
Offer ends December 31, 2009.

Available Exclusively at
Vision Source![®]

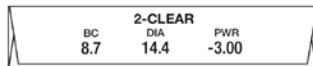


THE BEST WAY
TO SAVE IS
ALWAYS CLEAR.



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 on receipt.
 - b. Dated eye exam receipt. Please circle eye exam on receipt.
 - c. Four (4) or eight (8) end panels with prescription information (varies by purchase quantity and product).



END PANEL EXAMPLE

NOTE: All receipts must be from the same prescribing practitioner or affiliated location.

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

VISION SOURCE REBATE #08-42242

P.O. BOX 540007

EL PASO, TX 88554-0007

To check your rebate status, visit www.rebatetrack.com/coopervision.

YOUR NAME _____ EMAIL (OPTIONAL) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CHECK BOX TO INDICATE PRODUCT AND QUANTITY PURCHASED

AquaClear® Contact Lenses	<input type="checkbox"/>	\$30 OFF 4 BOXES
AquaClear® 100 Contact Lenses	<input type="checkbox"/>	\$10 OFF 4 BOXES \$30 OFF 8 BOXES
2-Clear® One Day 90-Pack Contact Lenses	<input type="checkbox"/>	\$20 OFF 4 BOXES \$60 OFF 8 BOXES
2-Clear® Premium Contact Lenses	<input type="checkbox"/>	\$10 OFF 4 BOXES \$30 OFF 8 BOXES
2-Clear® Toric, 2-Clear® Premier Toric, or 2-Clear® Toric XR Contact Lenses	<input type="checkbox"/>	\$15 OFF 4 BOXES \$30 OFF 8 BOXES
2-Clear® XC Contact Lenses	<input type="checkbox"/>	\$10 OFF 4 BOXES \$30 OFF 8 BOXES

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.*

ADDITIONAL NEW FIT/REFIT REBATE FOR NEW 2-CLEAR AND AQUACLEAR LENS WEARERS (THIS SECTION TO BE COMPLETED BY EYE CARE PRACTITIONER):

NEW FIT/REFIT REBATE CONTINGENT UPON PURCHASE OF A NEW 2-CLEAR OR AQUACLEAR BRAND PRODUCT.

I certify that the patient listed is either new to 2-Clear or AquaClear, or is a new contact lens wearer.

\$25 off your fitting fee for any lenses listed.

EYE CARE PRACTITIONER SIGNATURE _____

DATE _____

LIST PREVIOUS BRAND (IF ANY) _____

Offer valid only for residents of the US and Virgin Islands. Offer not valid where prohibited by law. Purchase must be made within 60 days of eye exam. Limit one rebate per person. Allow 8-10 weeks for processing and delivery of check. If check is not received within 10 weeks, call toll-free 877-413-4692. Not responsible for lost, late, illegible, stolen, or incomplete requests; or postage-due, damaged, or separated mail. Not valid with any other offer or rebates. Any obligation of CooperVision under this offer, and any check issued pursuant hereto, will expire and be null and void if check is not cashed or deposited within 60 days of issue. Offer good 1/1/09 to 12/31/09, must be postmarked by 1/21/10. PLEASE NOTE: If the product you have purchased will be reimbursed by an insurance company or other third party payor, reimbursement may not be sought for costs already covered by this rebate.

© 2008 CooperVision, Inc. 2-Clear and AquaClear are registered trademarks of Vision Source, LP.