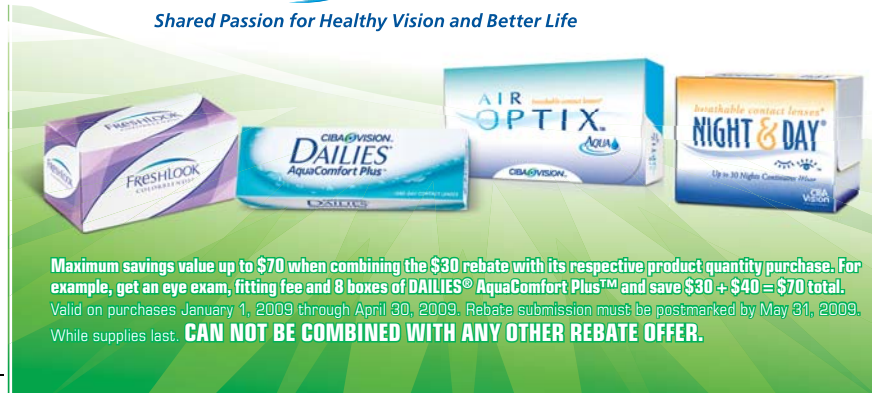


# SAVE UP TO \$70

With your purchase  
of these contact lenses  
from

**CIBA VISION**

Shared Passion for Healthy Vision and Better Life



Maximum savings value up to \$70 when combining the \$30 rebate with its respective product quantity purchase. For example, get an eye exam, fitting fee and 8 boxes of DAILIES® AquaComfort Plus™ and save \$30 + \$40 = \$70 total.

Valid on purchases January 1, 2009 through April 30, 2009. Rebate submission must be postmarked by May 31, 2009.

While supplies last. **CAN NOT BE COMBINED WITH ANY OTHER REBATE OFFER.**

## \$30 REBATE\*

on your Fitting Fee and/or Eye Exam with the Purchase of...

- (4) 90-Packs of Focus® DAILIES® Contact Lenses
- (12) 30-Packs of Focus® DAILIES Toric Contact Lenses
- (12) 30-Packs of Focus® DAILIES Progressive Contact Lenses
- (4) 90-packs of DAILIES® AquaComfort Plus™ Contact Lenses
- (2) 6-Packs of NIGHT & DAY® Contact Lenses
- (2) 6-Packs of AIR OPTIX™ AQUA Contact Lenses
- (2) 6-Packs of AIR OPTIX™ for ASTIGMATISM Contact Lenses
- (2) 6-Packs of FreshLook® Color Contact Lenses
- (2) 6-Packs of Focus® Softcolors® Contact Lenses

## & QUANTITY PURCHASE Can Be Combined

- \$20 on (8) 6-Packs of O<sub>2</sub>OPTIX® Contact Lenses
- \$30 on (8) 90-Packs of Focus® DAILIES® Contact Lenses
- \$40 on (8) 90-Packs of DAILIES® AquaComfort Plus™ Contact Lenses
- \$30 on (24) 30-Packs of Focus® DAILIES Toric Contact Lenses
- \$30 on (24) 30-Packs of Focus® DAILIES Progressive Contact Lenses
- \$20 on (4) 6-Packs of NIGHT & DAY® Contact Lenses
- \$20 on (4) 6-Packs of AIR OPTIX™ AQUA Contact Lenses
- \$20 on (4) 6-Packs of AIR OPTIX™ for ASTIGMATISM Contact Lenses

\*Only new wearers to this brand are eligible for the fitting rebate

## OFFICIAL MAIL-IN CERTIFICATE (NO COPIES OF THIS FORM ACCEPTED)

### HERE'S HOW TO RECEIVE YOUR REBATE:

1. Get a contact lens fitting and/or eye exam!

2. Purchase required boxes as indicated below. Please check all that apply.

- \$30 on (4) 90-Packs of Focus® DAILIES® Contact Lenses (2 UPC)
- \$30 on (12) 30-Packs of Focus® DAILIES Toric Contact Lenses (6 UPC)
- \$30 on (12) 30-Packs of Focus® DAILIES Progressive Contact Lenses (6 UPC)
- \$30 on (4) 90-packs of DAILIES® AquaComfort Plus™ Contact Lenses (2 UPC)
- \$30 on (2) 6-Packs of NIGHT & DAY® Contact Lenses (2 UPC)
- \$30 on (2) 6-Packs of AIR OPTIX™ AQUA Contact Lenses (2 UPC)
- \$30 on (2) 6-Packs of AIR OPTIX™ for ASTIGMATISM Contact Lenses (2 UPC)
- \$30 on (2) 6 Packs of FreshLook® Color Contact Lenses (2 UPC)
- \$30 on (2) 6-Packs of Focus® Softcolors® Contact Lenses (2 UPC)

### PLUS

- \$20 on (8) 6-Packs of O<sub>2</sub>OPTIX® Contact Lenses (4 UPC)
- \$30 on (8) 90-Packs of Focus® DAILIES® Contact Lenses (4 UPC)
- \$40 on (8) 90-Packs of DAILIES® AquaComfort Plus™ Contact Lenses (4 UPC)
- \$30 on (24) 30-Packs of Focus® DAILIES Toric Contact Lenses (12 UPC)
- \$30 on (24) 30-Packs of Focus® DAILIES Progressive Contact Lenses (12 UPC)
- \$20 on (4) 6-Packs of NIGHT & DAY® Contact Lenses (2 UPC)
- \$20 on (4) 6-Packs of AIR OPTIX™ AQUA Contact Lenses (2 UPC)
- \$20 on (4) 6-Packs of AIR OPTIX™ for ASTIGMATISM Contact Lenses (2 UPC)

3. Attach your original dated sales receipt for the qualifying purchases (photocopies are not acceptable) and a copy of your valid eye exam and contact lens fitting receipt.

4. Mail in the original package UPC codes as indicated above next to the product purchased, your original sales receipt indicating total purchase quantity, a copy of your original eye exam or contact lens fitting receipt and this Official Mail-In Certificate to:

Offer #1400, 1st Half 2009 Rebate Offer

CIBA Vision Redemption Center

PO BOX 219092

Kansas City, MO 64121-9092

For consumer inquiries, visit [rebates.cibavision.com](http://rebates.cibavision.com) or call 1-877-886-4321.

FIRST NAME																								
LAST NAME																								
ADDRESS																								
CITY													STATE			ZIP								
PHONE			-			-																		
EMAIL																								

1. Fitting date \_\_\_\_\_ 2. Is this your first contact lens purchase?  Yes  No
3. What lenses did you previously wear?  ACUVUE® 2  ACUVUE® ADVANCE™  Other (specify) \_\_\_\_\_
4. Would you like to receive promotional offers or new product information?  Yes  No
5. Which of the following best describes how this rebate influenced your purchase?
  - I wouldn't have purchased this brand without the rebate
  - I would have purchased fewer boxes of this brand without the rebate
  - I would have purchased the same number of boxes of this brand without the rebate
6. Immediately before this purchase, which of the following describes your primary form of vision correction?
  - The same brand of contact lenses
  - Eyeglasses
  - No vision correction
  - A different brand of contact lenses (please provide brand if possible \_\_\_\_\_)

Purchases made at Wal-Mart® Optical, Sam's Club®, 1-800-CONTACTS, or Costco® Optical not valid for rebate with this form.

**Terms and Conditions.** Purchase must be made between January 1, 2009 and April 30, 2009 and received at the above address by May 31, 2009. Product purchases must be made within 90 days of exam. Offer is limited to one rebate per person. Offer is not valid in combination with any other offer or rebate. Photocopy of the rebate certificate is not valid for redemption. Only new wearers to the brand are eligible for the fitting rebate. Allow 6 - 8 weeks for redemption. No P.O. Boxes, only street and rural addresses are acceptable. Fraudulent submissions could result in federal prosecution under the U.S. Mail Fraud Statutes (18 U.S. Code Section 1341 and 1342). Not responsible for lost, late, or undelivered responses. Any obligation of CIBA VISION under this offer, and any check issued pursuant hereto, will expire and be null and void if check is not cashed or deposited within 90 days of issue. Offer valid for purchases made in the U.S. and Puerto Rico only. Offer not valid where prohibited by law. NOTICE TO CUSTOMERS: If you are personally filing a claim for reimbursement from a third-party payer (e.g. insurance company, employer group, etc.) for the purchase of this product, your claim must be based upon your payment less the amount of this rebate. If your doctor is filing the claim, you must notify the doctor's office of the need to deduct this rebate amount from the purchase price used in calculating the claim. © 2009 CIBA VISION Corporation. 2008-11-1106