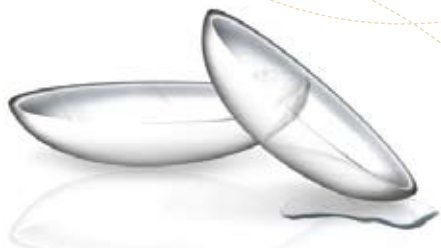


\$100

**SAVE
UP TO**

ON YOUR COOPERVISION CONTACT LENSES



Thank you for choosing CooperVision contact lenses. CooperVision invites you to see everything the world has to offer with state-of-the-art contact lenses that offer you the best in exceptional vision quality and comfort.

For helpful lens care tips, additional information about your contacts, and more, visit us online at coopervision.com.

Valid on purchases between January 1, 2008 and December 31, 2008.
OFFER ENDS DECEMBER 31, 2008.

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. Two (2), four (4), eight (8), twelve (12), or twenty-four (24) end panels with prescription information (varies by purchase quantity and product).

NOTE: All receipts must be from the same prescribing practitioner or affiliated location. Purchase must be made within 60 days of eye exam.

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



END PANEL EXAMPLE

COOPERVISION REBATE #07-87278
P.O. BOX 540007
EL PASO, TX 88554-0007

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

YOUR NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL (OPTIONAL) _____

PLEASE CHECK THE LENSES YOU PURCHASED

SPHERE LENSES

Biofinity®	<input type="checkbox"/>	\$30 OFF 4 BOXES	
Proclear® Sphere	<input type="checkbox"/>	\$30 OFF 4 BOXES	
Biomedics® XC	<input type="checkbox"/>	\$10 OFF 4 BOXES	<input type="checkbox"/> \$30 OFF 8 BOXES
Other XC Brands	<input type="checkbox"/>	\$10 OFF 4 BOXES	<input type="checkbox"/> \$30 OFF 8 BOXES
1 Day Disposable Lenses (90-lens boxes only)	<input type="checkbox"/>	\$20 OFF 4 BOXES	<input type="checkbox"/> \$60 OFF 8 BOXES
Biomedics® 55 UV Premier	<input type="checkbox"/>	\$10 OFF 4 BOXES	<input type="checkbox"/> \$30 OFF 8 BOXES
Other CooperVision 55 UV Premier Brands	<input type="checkbox"/>	\$10 OFF 4 BOXES	<input type="checkbox"/> \$30 OFF 8 BOXES

TORIC AND MULTIFOCAL LENSES

Biomedics® Toric	<input type="checkbox"/>	\$15 OFF 4 BOXES	<input type="checkbox"/> \$30 OFF 8 BOXES
Vertex Toric® / Vertex Toric® XR	<input type="checkbox"/>	\$15 OFF 4 BOXES	<input type="checkbox"/> \$30 OFF 8 BOXES
Other CooperVision Disposable Torics	<input type="checkbox"/>	\$15 OFF 4 BOXES	<input type="checkbox"/> \$30 OFF 8 BOXES
1 Day Disposable Toric Lenses	<input type="checkbox"/>	\$20 OFF 12 BOXES	<input type="checkbox"/> \$60 OFF 24 BOXES
Frequency® Toric / Frequency® Toric XR	<input type="checkbox"/>	\$30 OFF 4 BOXES	
Proclear® Toric / Proclear® Toric XR	<input type="checkbox"/>	\$30 OFF 4 BOXES	
Biomedics® EP	<input type="checkbox"/>	\$15 OFF 4 BOXES	<input type="checkbox"/> \$30 OFF 8 BOXES
Frequency® Multifocal	<input type="checkbox"/>	\$30 OFF 4 BOXES	
Proclear® Multifocal / Proclear® Multifocal XR	<input type="checkbox"/>	\$30 OFF 4 BOXES	
Proclear® Multifocal Toric	<input type="checkbox"/>	\$20 OFF 2 BOXES	<input type="checkbox"/> \$50 OFF 4 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 CONTACT LENS SAVINGS — NEW FIT/REFIT REBATE

(This section to be completed by your eye care practitioner. Check one box only):

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.

- \$20 OFF SPHERE LENS FITTING FEE**
- \$30 OFF MULTIFOCAL, MULTIFOCAL TORIC, AND 1 DAY SPHERE LENSES FITTING FEE**
- \$40 OFF TORIC AND 1 DAY TORIC LENSES FITTING FEE**

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. Limit one rebate per person. Allow 10-12 weeks for processing and delivery of check. If check is not received within 12 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 1/1/08 to 12/31/08, must be postmarked by 1/31/09. 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.

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