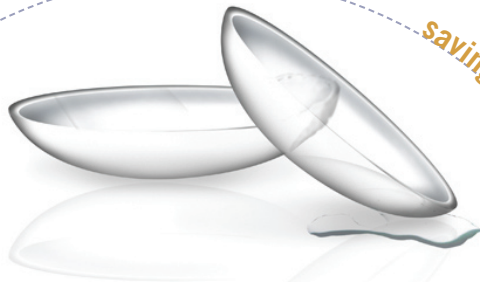


**\$80**  
**SAVE**  
UP TO

ON YOUR COOPERVISION  
**CONTACT LENSES**



*savings up to \$80*

Valid on purchases between January 1, 2007 and  
December 31, 2007. Offer ends December 31, 2007.

**THANK YOU FOR CHOOSING COOPERVISION CONTACT LENSES.**

We know you'll enjoy wearing them. Much like you'll enjoy saving with this rebate certificate. **Plus**, for helpful lens care tips, additional information about your contacts, and more, visit us online anytime.

>> [www.coopervision.com](http://www.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 CooperVision contact lenses.
3. Complete this rebate form.
4. Attach the following:
  - a. Dated sales receipt for your eligible lens purchase(s).\*
  - b. Dated eye exam receipt.\*
  - c. Two (2), four (4), or eight (8) end panels with prescription information (varies by purchase quantity and product).

CooperVision Product		
BC	DIA	PWR
8.7	14.4	-3.00

END PANEL EXAMPLE

\*All receipts must be from the same practitioner/location.

If you are a new CooperVision wearer, you can get additional savings on your contact lens fitting:

1. Purchase the required number of lenses listed on this form.
2. Have your Eye Care Practitioner complete the box below.

### ADDITIONAL CONTACT LENS SAVINGS — NEW FIT/REFIT REBATE

#### 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 below is either new to CooperVision or is a new contact lens wearer.

Eye Care Practitioner's Signature \_\_\_\_\_

Date \_\_\_\_\_ List previous brand (if any) \_\_\_\_\_

- \$20 off Sphere, 1-Day, or Color Lenses fitting fee  
 \$30 off Multifocal and Multifocal Toric Lenses fitting fee     \$40 off Toric Lenses fitting fee

Mail your completed rebate forms, product and exam receipts, and end panels to:

**CooperVision Rebate #06-58407**  
**PO Box 540007, El Paso, TX 88554-0007**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (optional): \_\_\_\_\_

To check your rebate status, visit [www.rebatetrack.com/coopervision](http://www.rebatetrack.com/coopervision)

## PLEASE CHECK THE LENSES YOU PURCHASED

### Sphere and Color Lenses

Biofinity™ Sphere  \$30 off 4 boxes

Proclear® Sphere  \$30 off 4 boxes

Ascend® UV, Frequency® 55, Frequency® 55 Aspheric,  
 Frequency® 38, Biomedics® 55, Biomedics® 55 Premier,  
 Biomedics® 38, Biomedics® XC, Hydrogenics® 60,  
 Vertex Sphere®, other CooperVision® or Ocular Sciences®  
 monthly or two week replacement spheres

\$30 off 8 boxes  
 \$10 off 4 boxes

Expressions®  \$40 off 4 boxes  
 \$20 off 2 boxes

1 Day Disposables (90 lens boxes only)  \$60 off 8 boxes  
 \$20 off 4 boxes

### Toric and Multifocal Lenses

Biomedics® EP, Biomedics® Toric, Vertex Toric®,  
 Vertex Toric® XR, other CooperVision® or  
 Ocular Sciences® Disposable Torics

\$30 off 8 boxes  
 \$15 off 4 boxes

Frequency® Toric, or Frequency® Toric XR  \$30 off 4 boxes

Frequency® Multifocal  \$30 off 4 boxes

Proclear® Toric or Proclear® Toric XR  \$30 off 4 boxes

Proclear® Multifocal  \$30 off 4 boxes

Proclear® Multifocal Toric  \$50 off 4 boxes



SEE BEYOND THE ORDINARY®

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 1/1/07 to 12/31/07, must be postmarked by 1/31/08. 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.

©2006 CooperVision, Inc. CooperVision and Eye Design, "See Beyond the Ordinary", Ocular Sciences, Proclear, Biomedics, Frequency, Hydrogenics, Vertex Sphere, Vertex Toric, Ascend, and Expressions are registered trademarks of The Cooper Companies, Inc., its subsidiaries or affiliates. MF 12/06-C00-CVS-COR-1454

XLITERA20001