

# BAUSCH & LOMB 2010 MAIL-IN FITTING FEE REBATE OFFER

**\$30**  
**SAVE**

**ON YOUR DOCTOR'S FITTING FEE WHEN YOU  
PURCHASE A MINIMUM OF 2 BOXES OF BAUSCH & LOMB  
SOFLENS® DAILY DISPOSABLE CONTACT LENSES**

**Thank you for choosing Bausch & Lomb contact lenses.**  
Please complete the form on the back of this page to redeem your rebate.

To review the status of your submission at anytime, visit [www.bausch.com/rebates](http://www.bausch.com/rebates).  
If you do not have internet access, call 866-333-5624 weekdays, 8 a.m. to 7 p.m. CT.

Valid on purchases between June 1, 2010, and August 1, 2010.  
**OFFER ENDS AUGUST 1, 2010.**

**Bausch & Lomb**  
*Perfecting Vision. Enhancing Life.®*

**Bausch & Lomb**  
**SofLens®**  
daily disposable  
(hialafilcon B)  
Visibility Tinted Contact Lenses



**REBATE SUBMISSIONS MUST BE POSTMARKED WITHIN 60 DAYS OF PURCHASE.**

A Visa® prepaid card will be mailed to qualifying customers within 60 days of the postmark date on your mailed request. The Visa prepaid card will expire 12 months from date issued.

## HOW TO RECEIVE YOUR REBATE

- 1 Get an eye exam.
- 2 Purchase a minimum of 2 boxes of Bausch & Lomb SofLens® daily disposable contact lenses between 6/1/10 – 8/1/10.
- 3 Attach the following:
  - a. Copy of dated sales receipt including **proof of payment** for your eligible lens purchase(s). Purchase must be made within 90 days of eye exam. Please circle lens purchase and date of lens purchase on receipt.
  - b. Copy of dated eye exam receipt. Please circle eye exam and date of eye exam on receipt.
  - c. Copy of dated fitting fee receipt. Please circle eligible fitting fee and date of fitting fee on receipt.
  - d. Include copies of 2 UPC symbols from the SofLens daily disposable boxes.

**IMPORTANT:** Photocopy your entire submission for your records. You could be required to mail, email, or fax these photocopies.

- 4 Mail this completed rebate form with copies of product receipt, exam receipt, fitting fee receipt, and UPC symbols to the address noted below. **Submissions must be postmarked within 60 days of purchase.**

### Bausch & Lomb Promotions

Dept. H536785

P.O. Box 15119

White Bear Lake, MN 55115-5119

NAME

ADDRESS

CITY STATE ZIP PHONE

EMAIL

Your right to receive this rebate will not be earned unless you satisfy each of the Conditions of Acceptance described above. Your failure to follow each of these steps is a rejection of this rebate offer. Resolution of any disputes will be governed by New York law. The Mail-in Rebate Offer is valid only for purchases of Bausch & Lomb SofLens daily disposable contact lenses ("qualifying products"). Purchase of the qualifying products is required to qualify for this rebate offer; no product substitutions, deletions, or additions are allowed, regardless of information learned from other sources. This offer cannot be combined with any other offer unless specified in writing by Bausch & Lomb. This offer is available to all customers with mailing addresses in the U.S. and Puerto Rico. Purchases made in or for delivery to other countries are not eligible. All Visa prepaid cards will be paid in U.S. Dollars. Visa prepaid cards are issued by Citibank, N.A. pursuant to a license from Visa U.S.A. Inc. and managed by Citi Prepaid Services. Cards can be used everywhere Visa prepaid cards are accepted; cards will not have cash access at ATM's. Cash Advances are available at any Visa member bank branch for no fee. The Visa prepaid card will expire 12 months from the issuance date. Bausch & Lomb is not responsible for lost, late, damaged, illegible, misdirected or postage-due submissions. Your rights to this offer cannot be assigned or transferred and this offer is void where taxed, restricted or prohibited by law. All submitted materials become Bausch & Lomb property and will not be returned. One rebate per person per 12 month period. Limit five (5) rebates per address per 12 month period except where prohibited. Excessive submissions constitute fraud and may result in federal prosecution under the U.S. mail fraud statutes (Title 18, USC 1341 and 1342). NOTICE TO CONSUMERS: If you are personally filing a claim for reimbursement from a third-party payor (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 this 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.

## PLEASE CHECK THE BOX BELOW TO IDENTIFY YOUR CONTACT LENS PURCHASE

### BAUSCH & LOMB SOFLENS® DAILY DISPOSABLE CONTACT LENSES

\$30 off 2 boxes (send in copies of 2 UPC symbols)



UPC symbol example

**Bausch & Lomb**  
**SofLens®**  
daily disposable  
(hilafilcon B)  
Visibility Tinted Contact Lenses