

Save up to
\$75
when you buy
ACUVUE® Brand Contact Lenses

ACUVUE®

SEE WHAT COULD BE™

SAVE when you purchase ACUVUE® Brand Contact Lenses.
Recent Eye Exam Required.

Rebate is in the form of a Visa® Prepaid card. Other terms and restrictions apply. See below for more details.

Complete your rebate form on back or online at acuvue.com/rebates



\$50 New Wearer Rebate*

with purchase of 6 boxes (30 count size)

or 2 boxes (90 count size)

New Wearer rebate only for New Wearers of
1-DAY ACUVUE® MOIST®

\$25 Rebate*

with purchase of 12 boxes (30 count size)

or 4 boxes (90 count size)

(for current wearers of 1-DAY ACUVUE® MOIST®)



\$75 New Wearer Rebate*

with purchase of 8 boxes

New Wearer rebate only for new ACUVUE®
OASYS™ Brand with HYDRACLEAR® Plus
wearers. ACUVUE® OASYS™ Brand for
ASTIGMATISM and ACUVUE® OASYS™ Brand
for PRESBYOPIA are not eligible for this rebate.

\$25 Rebate*

with purchase of 8 boxes

(for current wearers of ACUVUE® OASYS™)



\$60 Rebate*

with purchase of 8 boxes

(for new and current wearers of ACUVUE®
OASYS™ Brand for ASTIGMATISM)

\$20 Rebate*

with purchase of 4 boxes

(for new and current wearers of ACUVUE®
OASYS™ Brand for ASTIGMATISM)



\$25 Rebate*

with purchase of 8 boxes

(for new and current wearers of ACUVUE®
OASYS™ Brand for PRESBYOPIA)

5 EASY STEPS TO GET YOUR REBATE

1. EYE EXAM AND PURCHASE - You must have a recent eye exam and purchase the required number of ACUVUE® Brand Contact Lenses (refer to the list of products on the reverse side). Product must be purchased within 90 days after the eye exam (*eye exam receipt required*). Limit one rebate per customer, per offer, per ACUVUE® Brand purchase, per yearly eye exam visit. This offer not valid in combination with any other offer or rebate.

2. COMPLETE REBATE FORM - Fully complete the rebate form on the back.

3. ATTACH BOX TOPS AND RECEIPTS - Attach two (2) eligible box tops, eye exam receipt and product purchase receipt(s).

4. MAIL TO: - 2010 ACUVUE® National Rebate 386-160
P.O. Box 420559 Dept B • El Paso, TX 88542-0559 (Mail must be received by JULY 31, 2010**)

5. KEEP A COPY - Keep a copy of your paperwork for your records. See rebate terms and conditions below. (Please allow 6-8 weeks for delivery of your rebate card.)



SAMPLE
BOXTOP

Money
Back
Guarantee

We are so certain you will love your ACUVUE® Brand Contact Lenses that if for any reason you are not 100% satisfied, return them within 90 days and get your money back. Additional terms and conditions apply. See acuvue.com for details, or call 1-888-565-8474.

REBATE TERMS AND CONDITIONS: Rebate request must be received at the specified address and by the specified date on rebate form. Purchases must be made 1/1/10 through 06/30/10 and received at the mailing address on or before 7/31/10**. Product purchase must be made within 90 days after eye exam. Limit one rebate per customer, per offer, per ACUVUE® Brand purchase, per yearly eye exam visit. This offer not valid in combination with any other offer or rebate. Offer valid for U.S. residents only. Offer not valid where prohibited by law. Photocopy of the certificate is not valid for redemption. Allow 6-8 weeks for delivery. No P.O. boxes, only street or 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. Purchases made at Costco®, WALMART®, Sam's Club®, and 1-800 CONTACTS® store locations are not eligible for any of these rebate offers, but other rebate offers are often available for ACUVUE® purchases at these retailers. Please check the store for details. Participants in ACUVUE® DIRECT™ are not eligible for the offers presented in this particular rebate program. ACUVUE® DIRECT™ provides separate rebate offers, exclusively to its program participants. Please visit www.acuvue.com/acuvue-direct or call 1-866-221-7078 for more information regarding ACUVUE® DIRECT™ rebate offers.

NOTICE TO CONSUMERS: 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.

*Rebate is in the form of a Visa® Prepaid card, which expires 1 year after issuance. Cards are issued by Citibank, N.A. pursuant to a license from Visa U.S.A. Inc. and managed by Citi® Prepaid Services. Cards will not have cash access and can be used everywhere Visa® debit cards are accepted.

**Johnson & Johnson Vision Care, Inc. reserves the right to cancel this rebate program at any time without notice

By submitting this required information, and any optional information below, you agree that it will be governed by the Privacy Policy outlined on www.acuvue.com.

For whom are you completing this form? Myself My Child

†Required Field

***If you selected Myself**

Patient's First Name† Patient's Last Name†
Date of Birth† Gender† Male Female
Mailing Address†
City† State† Zip†

***If you selected My Child**

Parent's First Name† Parent's Last Name†
Date of Birth (parent)† Gender (parent)† Male Female
Mailing Address†
City† State† Zip†
Patient's First Name (child)† Patient's Last Name (child)†

Doctor's First Name† Doctor's Last Name†
Practice Name† Phone†
City† State† Zip†
Date of Purchase†

Check box to indicate product purchased†

**valid JANUARY - JUNE 2010



\$50 New Wearer Rebate*

With a recent eye exam and purchase of **6 boxes** (30 count size) or **2 boxes** (90 count size) (send in 2 box tops)

New Wearer rebate only for New Wearers of 1-DAY ACUVUE MOIST

\$25 Rebate*

With a recent eye exam and purchase of **12 boxes** (30 count size) or **4 boxes** (90 count size) (send in 2 box tops)

(for current wearers of 1-DAY ACUVUE MOIST)



\$75 New Wearer Rebate*

With a recent eye exam and purchase of **8 boxes** (send in 2 box tops)

New Wearer rebate only for new ACUVUE OASYS™ Brand with HYDRACLEAR Plus wearers. Wearers of ACUVUE OASYS™ Brand for ASTIGMATISM and ACUVUE OASYS™ Brand for PRESBYOPIA are not eligible for this rebate.

\$25 Rebate*

With a recent eye exam and purchase of **8 boxes** (send in 2 box tops)

(for current wearers of ACUVUE OASYS™)



\$60 Rebate*

With a recent eye exam and purchase of **8 boxes** (send in 2 box tops)

(for new and current wearers of ACUVUE OASYS™ Brand for ASTIGMATISM)

\$20 Rebate*

With a recent eye exam and purchase of **4 boxes** (send in 2 box tops)

(for new and current wearers of ACUVUE OASYS™ Brand for ASTIGMATISM)



\$25 Rebate*

With a recent eye exam and purchase of **8 boxes** (send in 2 box tops)

(for new and current wearers of ACUVUE OASYS™ Brand for PRESBYOPIA)

Optional Information:

By providing my email address, I agree that Johnson & Johnson Vision Care, Inc., may contact me by email to provide messages or other information that may be of interest to me.

Email: Birthdate:

I agree that Johnson & Johnson Vision Care, Inc., may contact me by mail at the address above to provide messages or other information that may be of interest to me.

Is this the first time you purchased ACUVUE® Brand Contact Lenses? Yes No

When was the last time you purchased ACUVUE® Brand Contact Lenses? MM ____ YY ____

Providing your contact lens prescription will allow us to contact you about new products that relate specifically to your vision correction. Your contact lens prescription can be found on the side of the box of your ACUVUE® Brand Contact Lenses.

ASTIGMATISM customers fill in SPH, CYL, AXIS and BC

Right eye: SPH ____ CYL ____ AXIS ____ BC ____ Left eye: SPH ____ CYL ____ AXIS ____ BC ____

BIFOCAL customers fill in SPH, ADD and BC

Right eye: SPH ____ ADD ____ BC ____ Left eye: SPH ____ ADD ____ BC ____

All other customers fill in SPH and BC

Right eye: SPH ____ BC ____ Left eye: SPH ____ BC ____



IMPORTANT NOTICE: If you redeem for the Money-Back Guarantee, you will not be eligible to receive a rebate. If you redeem for a rebate and then redeem for the Money-Back Guarantee, you will receive the full amount of the Money-Back Guarantee minus the rebate amount already issued to you. If your purchase is reimbursed by an insurance plan, you must notify the plan of your rebate or refund. See terms and conditions.

IMPORTANT INFORMATION FOR CONTACT LENS WEARERS: ACUVUE® Brand Contact Lenses are available by prescription only for vision correction. An eye care professional will determine whether contact lenses are right for you. Although rare, serious eye problems can develop while wearing contact lenses. To help avoid these problems, follow the wear and replacement schedule and the lens care instructions provided by your doctor. Do not wear contact lenses if you have an eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. If one of these conditions occurs, contact your eye doctor immediately. For more information on proper wear, care and safety, talk to your eye care professional and ask for a Patient Instruction Guide, call 1-800-843-2020 or visit acuvue.com.

ACUVUE®, ACUVUE® OASYS™, 1-DAY ACUVUE® MOIST®, HYDRACLEAR®, ACUVUE® DIRECT™ and SEE WHAT COULD BE™ are trademarks of Johnson & Johnson Vision Care, Inc. © Johnson & Johnson Vision Care, Inc. 2009.