

REBATE OFFER ENDS JUNE 30, 2005



ACUVUE® ADVANCE™ Brand Contact Lenses for ASTIGMATISM

SAVE \$50 OR \$20

Receive your \$50 rebate when you get an eye exam and after your first purchase of 4 boxes of ACUVUE® ADVANCE™ Brand Contact Lenses *for ASTIGMATISM*

Receive your \$20 rebate when you get an eye exam and after your first purchase of 2 boxes of ACUVUE® ADVANCE™ Brand Contact Lenses *for ASTIGMATISM*

ALL-DAY CLARITY
ALL-DAY COMFORT
A WORLD OF DIFFERENCE



THE SATISFACTION GUARANTEE

For ACUVUE® Brand Contact Lenses

If, for any reason, you are not 100% satisfied with ACUVUE® Brand Contact Lenses, return them within 90 days and get your money back.*

ACUVUE®
BRAND CONTACT LENSES

FOR THE LIFE OF YOUR EYES™



Experience all-day comfort with HYDRACLEAR™ technology.

Enjoy daily- or extended-wear flexibility.*

Feel the freedom of a fresh, new pair of lenses every day.

See near and far effortlessly.

Finally for astigmatism, crisp, clear vision and comfort all day long.

Enhance or change your eye color.

FOR MORE INFORMATION ASK YOUR EYE CARE PROFESSIONAL, OR VISIT [ACUVUE.COM](http://www.acuvue.com).

*Ask your Eye Care Professional which wear schedule is right for you.

*Other terms and restrictions apply. See back for details or visit www.acuvue.com.

ACUVUE® BRAND PROMISE

Thank you for trusting ACUVUE® Brand Contact Lenses with your vision. We promise to honor your trust by providing a family of products that delivers the highest levels of vision care and comfort. You can feel confident knowing that every product must pass our extensive quality control process before it is packaged and sold. It is our way of giving you a lifetime of satisfaction with ACUVUE®, the world's leading brand of contact lenses.



All-Day Clarity, All-Day Comfort and a Great Rebate for ACUVUE® ADVANCE™ Brand Contact Lenses for ASTIGMATISM

Patient's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Optional Information:

Check here if you would like to receive additional information or special offers from ACUVUE® or other brands of other Johnson & Johnson companies. Providing your e-mail address will allow us to contact you by e-mail. E-mail address: _____

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.

Right eye: SPH ____ CYL ____ AXIS ____

Left eye: SPH ____ CYL ____ AXIS ____

\$20 REBATE

ACUVUE® ADVANCE™ for ASTIGMATISM buy 2 boxes (send in 1 box top)

\$50 REBATE

ACUVUE® ADVANCE™ for ASTIGMATISM buy 4 boxes (send in 3 box tops)

Please complete all 5 steps to receive your rebate

1. Get an **eye exam** and purchase **2 or more boxes** of ACUVUE® ADVANCE™ for ASTIGMATISM.
2. Complete this certificate and attach the required number of ACUVUE® ADVANCE™ Brand Contact Lenses for ASTIGMATISM box tops (refer to rebate options above).
3. Attach receipt(s) for the eye exam and product purchase.

4. Mail by July 31, 2005 to:
2005 Acuvue Rebate Offer
P.O. Box 430834
El Paso, TX 88543-0834

Please allow 6 weeks for delivery of your rebate check.

5. **Keep a copy of your paperwork for your records.**
See terms and conditions.

Example of box top



Please do not include box sides or UPC codes

Offer expires 6/30/05

Terms and conditions: Purchase must be made by **June 30th, 2005**, and mailed to the address above by **July 31, 2005**, for redemption. Product purchase must be made within 90 days of eye exam. Limit one rebate per customer. Photocopy of the certificate is not valid for redemption. Allow 4-6 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. Offers cannot be combined together or with the \$30 annual supply rebate. Offer can only be combined with the ACUVUE® ADVANCE™ Comfort Challenge offer (\$10 rebate on 2 boxes). Offer not valid in conjunction with the ACUVUE® ADVANCE™ for ASTIGMATISM Satisfaction Guarantee.

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 the claim, you must notify the doctor's office of the need to deduct the rebate amount from the purchase price used in calculating the claim. Valid only for first-time ACUVUE® ADVANCE™ for ASTIGMATISM wearers. Offer valid for U.S. residents only, except where prohibited by law.

INT-20/50

Your Name _____

Your Address _____

City _____ State _____ Zip _____
(P.O. box not accepted)

Age _____ Sex M F

(All fields above are required)

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 address _____

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

What ACUVUE® Brand product are you returning?

- ACUVUE® ADVANCE Brand Contact Lenses with HYDRACLEAR™
 ACUVUE® ADVANCE™ Brand Contact Lenses for ASTIGMATISM
 ACUVUE® 2 Brand Contact Lenses
- 1-DAY ACUVUE® Brand Contact Lenses
 ACUVUE® Brand BIFOCAL Contact Lenses
- ACUVUE® Brand TORIC Contact Lenses
 ACUVUE® 2 COLOURS™ Brand Contact Lenses

What brand of contact lenses, if any, were you wearing before you purchased ACUVUE® Brand Contact Lenses?

Why are you returning your ACUVUE® Brand Contact Lenses?

I prefer (Check all that apply):

- The comfort of other contact lenses/glasses
 The cost of other contact lenses/glasses
- Not wearing any contact lenses
 The vision from other contact lenses/glasses
- The ease of use of other contact lenses/glasses

Please complete all 5 steps within 90 days to receive your reimbursement check:

1. Complete an original reimbursement certificate and include **up to 2 opened product boxes** of ACUVUE® Brand Contact Lenses AND unopened contact lens blister packs (at least 2 lenses per box is required for ACUVUE® ADVANCE™ Brand, ACUVUE® 2 Brand, ACUVUE® Brand BIFOCAL, ACUVUE® 2 COLOURS™ Brand and ACUVUE® ADVANCE™ Brand for ASTIGMATISM; at least 8 lenses per box is required for ACUVUE® Brand TORIC; and at least 15 lenses per box is required for 1-DAY ACUVUE® Brand).
2. Attach copies of receipts for product purchase.
3. Unopened boxes of product must be returned to the original place of purchase for refund or exchange in accordance with seller's policies.
4. Mail to: ACUVUE® Satisfaction Guarantee
P.O. Box 460575, El Paso, TX 88546-0575. (Please allow 4-6 weeks for delivery of your refund check).
5. Keep a copy of your paperwork for your records. See Terms and Conditions.

Terms and Conditions:

Offer valid for U.S. residents only. Offer not valid where prohibited by law. Claim must be received within 90 days of product purchase date. Last valid date of purchase: 12/31/05. Limit one reimbursement claim per person. Maximum value of reimbursement equals U.S. \$170.00 for opened boxes. Not valid with the \$30 annual supply rebate, or any other rebate offer. Photocopy of certificate not valid. Allow 4-6 weeks for delivery. No P.O. boxes, only street or rural addresses are acceptable. Fraudulent submission 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. **Notice to Consumers:** If you or your doctor filed a claim for reimbursement from a third party payor (e.g., insurance company, employer group, etc.) for the purchase of this product, you must notify your payer about this refund.

For questions about the Satisfaction Guarantee, please call 1-888-565-8474.

Important information for contact lens wearers: ACUVUE® Brand contact lenses are indicated for vision correction. Since all eyes are different, the lenses should only be worn on the wear and replacement schedule prescribed by your eye doctor. To find out if contact lenses are right for you, contact your eye doctor for an evaluation. To help avoid any serious problems during use, do not wear lenses if you have any eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. Although rare, serious eye problems can develop. Therefore, it is important to talk to your eye doctor about proper wear and care of your lenses, including safety information. You can also call 1-800-843-2020 or visit the web at acuvue.com. Should you have any comments about the quality of ACUVUE® Brand Contact Lenses, please contact Customer Relations toll free at 1-800-843-2020.

ACUVUE®, ACUVUE® ADVANCE™, HYDRACLEAR™, ACUVUE® 2, 1-DAY ACUVUE®, ACUVUE® 2 COLOURS™, FOR THE LIFE OF YOUR EYES™ and ULTRA COMFORT SERIES™ are trademarks of Johnson & Johnson Vision Care, Inc.

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ACUVUE®
BRAND CONTACT LENSES

FOR THE LIFE OF YOUR EYES™

THE SATISFACTION
GUARANTEE