

How to Remove Box End:



Please cut off the box end describing your prescription for your eye from your ACUVUE® contact lens boxes as seen in the above diagram. Send in both box ends (one per eye) with this voucher.

ACUVUE® - Proud sponsors of



YOUR
FIRST

30 PAIRS OF
CONTACT LENSES

FREE*

WHEN YOU BUY FRAMES
OR SUNGLASSES

ACUVUE®
BRAND CONTACT LENSES

Johnson & Johnson

*Offer valid on your first purchase of a minimum of 90 pairs or sign up to a direct debit of 1-DAY ACUVUE® TruEye™, 1-DAY ACUVUE® MOIST™ or 1-DAY ACUVUE® for ASTIGMATISM Brand Contact Lenses on or before 30/06/09. Professional fitting fees may apply.

Buy a pair of sunglasses or frames today and we'll give you your first 30 pairs of **1•DAY ACUVUE® TruEye™**, **1•DAY ACUVUE® MOIST™** or **1•DAY ACUVUE® for ASTIGMATISM free!***

All you need to do to take advantage of this fantastic offer is:

- 1** Purchase a pair of sunglasses or frames
- 2** Purchase a supply of either **1•DAY ACUVUE® TruEye™**, **1•DAY ACUVUE® MOIST™** or **1•DAY ACUVUE® for ASTIGMATISM** contact lenses (minimum 90 pairs) by 30 June 2009¹
- 3** Fill in your details on the voucher opposite and ask your optician to complete their part
- 4** Send the voucher along with two pack ends from your first supply of lenses (see reverse for details)
- 5** If you paid with cash or credit card, please also send the till receipt for your lenses with this voucher
- 6** Return your completed voucher, signed by your optician with 2 pack ends and your till receipt, if applicable, to the following address: **30 Pairs of ACUVUE® Free, PO Box 446 , St Albans AL4 0YJ** by 31st July, 2009
- 7** Please allow 28 days for your cheque to arrive

*Offer valid on your first purchase of a minimum of 90 pairs or sign up to a direct debit of **1•DAY ACUVUE® TruEye™**, **1•DAY ACUVUE® MOIST™** or **1•DAY ACUVUE® for ASTIGMATISM** Brand Contact Lenses on or before 30/06/09. Professional fitting fees may apply.

Terms and Conditions:

1. Your optician will need to make sure your eyes are suitable for contact lenses there may be a charge for an eye examination. 2. Not to be used in conjunction with any other offer. 3. Offer is open to all residents of the UK (including the Channel Islands) and the Republic of Ireland aged 16 and over, except employees of Johnson & Johnson Vision Care. 4. One voucher per patient with max 2 per household. 5. Offer valid only to patients who purchase in store 90 pairs of either **1•DAY ACUVUE® TruEye™**, **1•DAY ACUVUE® MOIST™** or **1•DAY ACUVUE® for ASTIGMATISM** or sign up to a direct debit scheme for a regular supply of either **1•DAY ACUVUE® TruEye™**, **1•DAY ACUVUE® MOIST™** or **1•DAY ACUVUE® for ASTIGMATISM** contact lenses on or before 30/06/09. 6. Refunds will be payable by cheque. 7. Allow 28 days for refund cheque to be delivered. 8. No alternative will be offered. 9. Close date for claim returns is 30/06/09 with all successful applications being honoured by 31/07/09. 10. To claim your refund, return your completed voucher with the box ends from your **1•DAY ACUVUE® TruEye™**, **1•DAY ACUVUE® MOIST™** or **1•DAY ACUVUE® for ASTIGMATISM** packaging along with a receipt for your contact lens purchase if not on a direct debit scheme. 11. Incomplete, damaged, photocopied, faked or illegible vouchers will be rejected and no refund will be issued. 12. Promoter cannot be responsible for applications lost, delayed or damaged in the post. 13. Applications with inadequate postage details will be rejected. 14. The information and data collected by Johnson & Johnson Vision Care will not be used for any other purposes other than this promotion and will not be passed onto or shared with any third parties. 15. Promoter's decision is final. 16. Offer valid only for participating opticians. Promoter: Johnson & Johnson Vision Care, The Braccans, London Road, Bracknell, UK, RG12 2AT. **1•DAY ACUVUE® TruEye™**, **1•DAY ACUVUE® MOIST™**, **1•DAY ACUVUE® for ASTIGMATISM** are registered trademarks of Johnson & Johnson Medical Ltd. © Johnson & Johnson Medical Ltd. 2008. Johnson & Johnson Vision Care is part of Johnson & Johnson Medical Ltd.

VOUCHER

To be completed by the customer (please write in capitals)

Name

Address

Post Code

Daytime phone number

Cheque payable to

Which lenses did you buy? (please tick)

1•DAY ACUVUE® TruEye™ 1•DAY ACUVUE® MOIST™ 1•DAY ACUVUE® for ASTIGMATISM

Date of contact lens purchase

/ /

How did you pay for your contact lenses?

Cash New Direct Debit Updated existing Direct Debit

Did you previously wear contact lenses? If yes, then which brand?

(eg. ACUVUE® Oasys™, Focus® Dailies®, ACUVUE® ADVANCE™)

Please ensure all information is completed, incomplete entries will be returned.

To be completed by your optician

Practice Name

Practice Town

Eye Care Professional Name

I confirm this patient has purchased a pair of sunglasses or frames along with their first 90 pairs of 1•DAY ACUVUE® TruEye™, 1•DAY ACUVUE® MOIST™ or 1•DAY ACUVUE® for Astigmatism contact lenses. Or they have signed up to a direct debit scheme for a regular supply of these same lenses.

Date / /

Eye Care Professional Signature/Stamp here