



800.767.6784

www.empireoptical.org

**Process
Immediately**

2011 Annual Promotions Enrollment Form

In keeping with Empire Optical's on-going efforts to keep all doctors, practice owners and managers informed, we have established an **annual** promotions enrollment form that allows your practice to participate in all promotions conducted by Empire Optical throughout 2009. **The information below must be completed and returned to Empire Optical in order to receive promotional incentives/awards.** This will allow you the opportunity to administer and distribute awards and/or incentives earned during the various promotions, as you deem appropriate. We ask that **one** contact person be specified below to whom all awards are to be sent, this individual may be changed at any time at the discretion of the responsible party named below.

- ◆ "Responsible Party" is defined as an individual liable and/or accountable for the financial decisions and responsibilities of the account.
- ◆ Distribution of awards/incentives among office staff is to be determined by the responsible party named below.
- ◆ Qualifying products and/or services will be determined solely by Empire Optical, with eligible dates determined by the date **shipped** from Empire Optical.
- ◆ Promotion details for particular products or services will be determined by Empire Optical, and distributed to the account by means of fliers and/or notices.
- ◆ Empire Optical will keep records of all confirmed awards/incentives.
- ◆ Empire Optical is not responsible for lost or misdirected tally and/or redemption forms.
- ◆ Empire Optical is not responsible for lost, stolen, or misplaced awards/incentives.
- ◆ Once issued, all awards/incentives become the sole responsibility of the account. Any questions or issues must be addressed within 30 days of the issue date.
- ◆ Please allow at least 4 weeks from the end of any promotional period for delivery of awards/incentives.

The undersigned responsible party understands and agrees to the terms and conditions described above

Account # _____ **Account Name** _____

Contact or authorized person to send awards to _____
(Please print)

Name of responsible party _____ E-mail _____
(Please print)

Signature of responsible party _____

----Please complete & return, or fax, in order to be eligible for Empire Optical promotions----
(Fax# 818.997.0651)

Please direct any questions to your Empire Optical representative or
Contact our Marketing Department via email at Marketing@empireoptical.org