



DISCOUNTED GOODS FULLFILLMENT REDEMPTION FORM

DentLight Q4 Specials (Oct 4 - Dec 31, 2021)				
Product	Model	Special	Part No.	Check
FUSION Curing Light	S7	Buy Three Get One Free OR Buy Two Get a Transillumination Head Free	7500080-S7S	<input type="checkbox"/>
	5		7800080	<input type="checkbox"/>
	Grand		7830080	<input type="checkbox"/>
	FUSION-DOE		7700512	<input type="checkbox"/>
Ultrafast Laser	Wireless	Buy Three Get One Free	7300100	<input type="checkbox"/>
Nano Headlight	Freedom	Buy Two Get One Free OR Trade-in for \$150 Credit	8600115	<input type="checkbox"/>
	Freedom Plus		8600116	<input type="checkbox"/>
	Black		8600119	<input type="checkbox"/>
	2S Plus		8600113	<input type="checkbox"/>
iOcam Loupe-mounted Camera	Regular		8800110	<input type="checkbox"/>

Limited Time Offer while supplies last. TO REDEEM: Products must be purchased at an authorized dealer listed on dentlight.com. Purchase must be made on one invoice between 10/4/21 and 12/31/21. All completed REDEMPTION must be received by Jan. 31, 2022. Incomplete submissions will not be processed. Promotions are subject to change or cancellation without notice. Offer void if purchased product is returned. Please allow 8 weeks from date REDEMPTION is received for delivery. OFFER EXPIRES Dec. 31, 2021.

Mail the redemption form together with your invoice and "Proof of Purchase" bar code cut from the original box for free goods.

PLEASE COMPLETE THE CHECKLIST TO CLAIM FREE GOODS

- Complete this redemption form
- Attach purchase invoice (dated between Oct 4 - Dec 31, 2021)
- Write Serial Number(s)
- Cut "Proof of Purchase" bar code(s) from the product box (SEE SAMPLE below)
- Mail all above documents to the address below
- Keep copies of all documents for your records

Sample Product Bar Code



Mail All Documents To:

**Attn: Q4 2021 Specials
DentLight Inc.
1825 Summit Ave. Suite 210
Plano, TX 75074**

Please provide the following information

Contact Name: _____

Office Name: _____

Practice Address: _____

City: _____ **State:** _____

Telephone: _____ **Email:** _____

Authorized Dealer: _____

Invoice Number: _____

Serial Number(s): _____

Signature _____ **Date** _____

Terms of Offer: Offer good in the 50 United States and the District of Columbia on products purchased by an end-user from an authorized DentLight distributor. Your envelope containing this claim form, the section of the box bearing the original white "Proof of Purchase" bar code cut from the product box. We must receive "Proof of Purchase" with cardboard intact and legible copy of your sales receipt from our authorized distributor.