

# Fill in. Send in. Cash in.

Think  
\$35 rebate!

Think 60-gram tube!

UP TO  
\$35

To ensure accuracy, please clearly print your contact information below, and include your original proof of purchase\* with this coupon.

First day of treatment (mm/dd/yyyy)

First name

Last name

Address

City

State  ZIP

Date of birth (mm/dd/yyyy)

(Circle one)  Male/Female

Phone number (We'll contact you if we're unable to process your rebate for any reason.)

(  )  -

E-mail address

Would you be interested in receiving information and/or offers on TAZORAC® (tazarotene) Cream or Gel 0.1%?  Yes  No  
Source Code: 600

If you have prescription coverage for TAZORAC®, this rebate could cover the entire amount of your co-pay.

1. Fill your prescription for TAZORAC® Cream or Gel 0.1%.
2. Complete this form.
3. Mail this coupon and your original proof of purchase\* to:

**TAZORAC® REBATE OFFER**  
P.O. Box 40699  
Raleigh, NC 27629-0699

Rebate offer is good for up to \$35 after the purchase of a 60-gram tube of TAZORAC® Cream 0.1%, a 100-gram tube of TAZORAC® Gel 0.1%, or up to \$15 after the purchase of a 30-gram tube of TAZORAC® Cream or Gel 0.1%.

Think TAZ!  
**TAZORAC®**  
(tazarotene) Cream and Gel 0.1%  
Visit [www.tazorac.com](http://www.tazorac.com)

Please allow 4 to 6 weeks to receive your rebate.

\*Proof of purchase includes original pharmacy receipt or box top with UPC code for TAZORAC® Cream or Gel 0.1%.

**Eligibility:** Offer not valid for prescriptions reimbursed or paid under Medicare, Medicaid, or any similar federal or state healthcare program including any state medical or pharmaceutical assistance programs. Void in the following state if any third-party payer reimburses you or pays for any part of the prescription price: Massachusetts.

Offer void where prohibited by law, taxed, or restricted. Amount of rebate not to exceed \$35 or co-pay, whichever is less. This certificate may not be reproduced and must accompany your request for a rebate. Offer good only for one prescription of TAZORAC® and only in the USA. Allergan, Inc., reserves the right to rescind, revoke, and amend this offer without notice. You are responsible for reporting receipt of a rebate to any private insurer that pays for or reimburses you for any part of the prescription filled using this coupon.

Offer expires March 31, 2010.

**TAZORAC®**  
(tazarotene) Cream and Gel 0.1%



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[www.tazorac.com](http://www.tazorac.com)  
Re-order: APC99IG10 104300