

LYSOL® PEDIATRICIAN \$5 REWARD MAIL-IN OFFER

TERMS AND CONDITIONS

OFFER OPEN TO LEGAL U.S. RESIDENTS CURRENTLY RESIDING IN THE UNITED STATES, (EXCLUDING RHODE ISLAND). MUST BE THE PARENT OR LEGAL GUARDIAN OF A CHILD WHO IS 18 OR YOUNGER. OFFER IS VALID FROM 1/1/08-3/31/09.

To receive your \$5 Reward:

1. Purchase any TWO (2) different LYSOL® Products between 1/1/08 and 3/31/09.
2. Take your child to a doctor's office for a check-up between 1/1/08 and 3/31/09.
3. Complete this Lysol Pediatrician \$5 Reward Official Mail-in Offer Form.
4. Mail original dated cash register receipt(s) listing TWO (2) different LYSOL® products, a copy of your doctor's office receipt or bill and this completed Lysol Pediatrician \$5 Reward Official Mail-in Offer Form to:

LYSOL Pediatrician \$5 Reward
P.O. Box 2056
Grand Rapids, MN 55745-2056

LYSOL® Pediatrician \$5 Reward Official Mail-in Offer Form

Please print clearly:

Name of Parent or Guardian: _____

Address (No P.O. Boxes): _____ Apt.#: _____

City: _____

State: _____ ZIP: _____

E-mail Address (Optional): _____

Limit one (1) \$5 reward per person, family, household or address.

TERMS AND CONDITIONS OF REWARD OFFER: OFFER OPEN TO LEGAL U.S. RESIDENTS CURRENTLY RESIDING IN THE UNITED STATES (EXCLUDING RHODE ISLAND). MUST BE THE PARENT OR LEGAL GUARDIAN OF A CHILD WHO IS 18 OR YOUNGER. OFFER IS VALID FROM 1/1/08-3/31/09. Purchase any TWO (2) different Lysol® Products and take your minor child for a check-up at the Pediatrician Office to receive a \$5 reward by mail. Send this completed Official Mail-in Offer Form along with your original cash register receipt(s) with Lysol® Product prices circled and a copy of your doctor's office receipt or bill to: Lysol Pediatrician \$5 Reward, P.O. Box 2056, Grand Rapids, MN 55745-2056. Maximum of ONE (1) \$5 reward per individual, household, family or street address. Please hand print legibly all information requested. Requests with computer-printed address labels, P.O. Boxes, photocopies of cash register receipt(s), or photocopies of this Official Mail-in Offer Form will not be honored, acknowledged or returned. Offer may not be combined with any other offer. U.S. mail fraud statutes prohibit acts devised to defraud or obtain money or property by means of false or fraudulent pretenses if the postal system is involved. This would include, among other things, the use of fictitious or assumed names or addresses in order to receive multiple rewards and/or offers. Offer not available to employees of Reckitt Benckiser Inc. or their families or affiliated companies. Organization and group requests not accepted. Allow 8–10 weeks for delivery of reward check. Void in Rhode Island and where prohibited, taxed or restricted by law. Cash register receipt(s) and doctor's office receipt/bill must be dated between 1/1/08-3/31/09. Offer expires 3/31/09. Requests must be postmarked by 4/14/09 and received by 4/21/09.