

CUSTOMIZE YOUR CHAIR PAINT COLOR – FOR LESS

Purchase a 3900 chair package with custom paint color and receive an **\$1,000** rebate (chair + unit + light)



*Offers valid July 1st through
December 31st, 2022*

To qualify for this promotion:

- Dentist must purchase a 3900C chair, and qualifying unit and light.*
- Must be on one invoice to qualify.
- May not be combined with any other free goods, promotional offers or rebates.
- Offer valid through December 31st, 2022.

*Qualifying Units: 4485SI / 4486PI / 4987SI
4988PI / 7000 Series

*Qualifying Lights: Any Forest LED Light

MIDNIGHT POWDER COAT
(SHOWN)

PROGRAM GUIDELINES

- To qualify, Purchase Order needs to be submitted by December 31st, and rebate submitted within 60 days of dealer invoice date; valid only through authorized dealers in the United States and Canada.

- No additional discounts, free goods, rebates, foreign currency relief and/or promotions apply in combination with this program. This also includes any DENTALEZ purchases made through special dealer recovery programs.

- Cash Rebate eligibility for Dental Office only. Not valid for Institution, School, Government and Special Market or other accounts with contracted terms.

- Product must ship directly from DENTALEZ® and/or dealer consignment inventory (i.e., not from dealer stock or showroom).

- DENTALEZ reserves the right to modify or terminate this program at any time for any reason.

REDEMPTION

- Dentist must apply for Cash Rebate by submitting the information outlined below, as well as a copy of the dealer invoice listing product serial numbers, within 60 days of the date of dealers invoice at DENTALEZ.COM/redeem.

- Once submission is complete, please allow 6 weeks for processing; Cash Rebates to be paid by DENTALEZ via check in USD.

Dentist Name _____ Office Name, if different _____

Office Address _____ City, State, Zip code _____

Email Address _____

Telephone Number _____

Copy of Dealer Invoice(s) that includes product serial numbers (please attach) _____

For US Customers only: By submitting your redemption information it is implied that you consent to us sending you emails and about [DENTALEZ](https://DENTALEZ.COM) products and promotions. As such, we may send emails to the email address you provide for transactional and promotional purposes. You have the right to opt-out of receiving promotional e-mails from us at any time by following the instructions as provided in e-mails to click on the unsubscribe link, or contacting us at FORESTSALES@DENTALEZ.COM with the word UNSUBSCRIBE in the subject field of the e-mail. We will unsubscribe your email from promotional e-mails sent by us within 10 business days of our receipt of your opt-out request.

This offer reflects a discount or reduction in the selling price on the purchased product(s). Buyer/Lessee/Lessor is obligated to (i) fully and correctly disclose the amount of the discount in Buyer/Lessee/Lessor's cost reports or claims for reimbursement to Medicare, Medicaid or any other federal healthcare program that requires such disclosure; and (ii) provide documentation of the discount to the representatives of the Secretary of Department of Health and Human Services and state agencies upon request. Buyer/Lessee/Lessor may request additional information from DENTALEZ if needed to ensure all reporting or disclosure obligations are met. This offer is valid for dental practices only for qualifying products sold through any authorized DENTALEZ Dental dealer in the United States and Canada.

