

## FUSION PACKAGE PROMOTION & \$1000 REBATE

CHAIR + UNIT + THIRD ITEM  
STARTING AT \$12,665 RETAIL BEFORE REBATE!



**YOU  
CHOOSE**

ANY THIRD EQUIPMENT ITEM OF  
AT LEAST \$150 RETAIL VALUE

Purchase a Fusion patient chair, Fusion pivot or sidebox mounted delivery unit, and any third item of at least \$150 retail

### EXAMPLES OF QUALIFYING THIRD ITEMS TO CHOOSE FROM:

- + Stool
- + Cuspidor
- + Assistants Instrumentation
- + Ultraleather Upgrade
- + Additional Handpiece Position
- + Handpiece Illumination
- + Additional Foot Control or Touchpad
- + Self Contained Clean Water System

**OR**

UNLOCK ADDITIONAL SAVINGS  
BY MAKING THE THIRD ITEM A  
FUSION LED OPERATORY LIGHT  
AT A REDUCED PRICE!

**CHAIR MOUNTED FUSION LED**  
WAS \$2,592 **NOW \$1,250**

**CEILING-MOUNTED FUSION LED**  
WAS \$2,840 **NOW \$2,000**

# TO QUALIFY FOR THE PROMOTIONAL PRICING & CASH REBATE THE DENTIST MUST PURCHASE:

1. **FUSION PATIENT CHAIR**  
Item No. 3800 or 3800PT (pre-tubed)
2. **FUSION DELIVERY SYSTEM**  
Item No. 4295PI (pivot) or 4295SI (sidebox)
3. **ANY THIRD EQUIPMENT ITEM**  
with minimum \$150 retail value

## PROGRAM GUIDELINES

- Qualifying purchases must be invoiced between May 1, 2020 and September 30, 2020; 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 on or before November 30, 2020, to [SALES@DENTALEZ.COM](mailto:SALES@DENTALEZ.COM).
- 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 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 [SALES@DENTALEZ.COM](mailto:SALES@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.

