



LOYALTY PROGRAM

SIGN-UP PERIOD

**January 1, 2009 through
July 31, 2009**

ENROLLMENT AGREEMENT

**Receive an 8% rebate gift card
on purchases of Alpen Rotary Instruments**

[subject to the terms and conditions]

Practice _____

Dr. Name _____

Address _____

Phone _____

E-Mail _____

Dealer Name _____

Dealer Rep Name _____

Dealer Branch _____

Address _____

Phone _____

E-Mail _____

Practice # (supplied by C/W Inc.) _____

Agreement # (supplied by C/W Inc.) _____

Tax ID # (supplied by practice) _____

or Social Security # _____

or State Dental License # _____

TERMS & CONDITIONS

1. This rebate program (the "Program") will apply to Alpen Rotary instrument purchases made by you during the twelve (12) month period (the "Enrollment Period") commencing on the enrollment date (the "Enrollment Date") set forth under your signature below. The rebate will be equal to eight percent (8%) of your total purchases of Alpen Rotary instruments made during the Enrollment Period, **providing that a minimum of \$3,000 in Alpen Rotary purchases must be made by you during the Enrollment Period in order to qualify for a rebate.** The amount of purchases for rebate purposes is the cost of the product only, and it does not include sales tax, freight or handling.
2. This Enrollment Agreement must be signed in duplicate by you (the Doctor or Purchasing Agent) and by a Coltène/Whaledent representative. One copy will be retained by the Company and one copy will be returned to you.
3. A fully executed and dated copy of this Enrollment Agreement must be received by Coltène/Whaledent between January 1 and July 31, 2009 in order to be valid. Purchases qualifying for inclusion in the rebate calculation will begin on the Enrollment Date and any purchases made prior to such date will not be included retroactively.
4. Contact your authorized Coltène/Whaledent dealer to place orders and schedule shipments.
5. Proof of purchase for purposes of the Program consists of copies of dealer invoices with applicable Coltène/Whaledent products or dealer-generated lists of applicable purchases, in each case showing dates of purchase, delivery and cost before sales tax, freight and handling.
6. Coltène/Whaledent reserves the right to cancel or modify the Program at any time, with or without notice, for anyone who has not yet enrolled in the Program on the date of such cancellation or modification.
7. Coltène/Whaledent reserves the right, in its sole and absolute discretion, to administer the Program, and to interpret and apply the terms and conditions of this agreement.
8. By signing this agreement, you represent and warrant that all products purchased by you under this agreement will be solely for your own use and not for resale.
9. The Program applies only to sales made in the United States and Canada. United States Dollars will apply to the calculation of rebates on U.S. sales and Canadian Dollars will apply to the calculation of rebates on Canadian sales.
10. **A minimum opening order of \$300 is required to qualify for this Program.** Further, no rebate will be earned unless Buyer's purchases total at least \$3,000 during the twelve (12) month Enrollment Period.
11. Rebates issued under the Program will be in the form of American Express gift cards or equivalent, to be determined in the sole and absolute discretion of Coltène/Whaledent.
12. **In order to qualify for a rebate under the Program, all proofs of purchase must be received by the Coltène/Whaledent Marketing Department at the address indicated below no later than thirty (30) days following the expiration of your Enrollment Period.**

By signing below, you acknowledge that you have read and fully understand and agree to all of the terms and conditions of the Coltène/Whaledent 2009 Alpen Loyalty Program.

Doctor/Purchasing Agent Signature _____

Enrollment Date: _____

Coltène/Whaledent
Representative Signature _____

Coltène/Whaledent Inc.
235 Ascot Parkway
Cuyahoga Falls, OH 44223
Attn.: Marketing Department, Alpen Rotary
Fax: (330) 916-7099