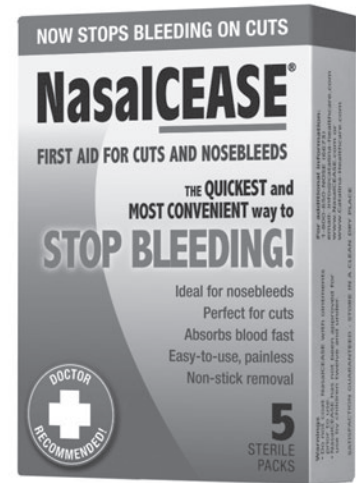


# NasalCEASE®

## FIRST AID FOR CUTS AND NOSEBLEEDS

- Stops bleeding fast
- Easy / painless insertion
- Adsorbs blood
- Promotes healing
- Non-stick removal
- No rebleeds



## Purchase NasalCEASE Today and Earn Free Product!

§ Earn a free box of NasalCEASE for each three boxes purchased in pharmacies by 12/31/12 §

**Each time you purchase 3 boxes of NasalCEASE and submit the completed claim form below - we will send you another box of NasalCEASE absolutely free - an \$11.00 value! Also download the coupons on our website and save \$1.00 on each box purchased in pharmacies**

Free Product Requirements:

**Mail your completed Free Product Claim Form to:**

NasalCEASE Free Offer  
PO Box 303  
Mendon, New York 14506

Proofs of Purchase Required:

- Original retail pharmacy cash register receipt(s) as proof of purchase. All purchases must be made by 12/31/12.
- From each NasalCEASE box purchased, the original UPC Code (12 digit #) located on the bottom panel of the NasalCEASE box.

All claims for free product must be mailed and postmarked by January 15, 2013.

Please allow up to six weeks for receipt of your free product.

Non-compliance to any of the above requirements will cause your free product offer not to be processed. The dated cash register receipts and the UPC codes must be originals. No facsimiles will be accepted.

### Free Product Claim Form NAS-OL-2

WS

Mail this free product claim form along with your proof of purchase documents to the above address.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt. #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number With Area Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
# of boxes purchased