

TRY IT AND FEEL THE DIFFERENCE

SLEEP + WAKE UP READY TO GO

✓ PAIN ✓ HEADACHE ✓ RUNNY NOSE ✓ CONTROLS COUGH
 ✓ FEVER ✓ SORE THROAT ✓ ITCHY EYES ✓ SNEEZING



Mail-In Rebate

Offer valid for products purchased between 10/22/2024 to 1/31/2025; must be postmarked by 2/15/2025

MUCINEX NIGHTSHIFT REBATE MONEY BACK GUARANTEE

TERMS & CONDITIONS:

To receive your money back refund check by mail:

BUY: Any one (1) of the following products (each, a "Qualifying Product"):

1. MUCINEX® Nightshift® Cold & Flu - Caplets - 20 ct. (UPC 3-63824-99526-7)

2. MUCINEX® Nightshift® Cold & Flu 6 oz.

(UPC 3-63824-01470-8)

3. MUCINEX® Nightshift® Severe Cold & Flu - Caplets - 20 ct. (UPC 3-63824-99527-4)

4. MUCINEX® Nightshift® Severe Cold & Flu 6 oz. (UPC 3-63824-99514-4)

SEND:

a) The Money Back Guarantee form printed from www.nightshift-mbg.com and
b) The original UPC code removed from either the box or the bottle of the Qualifying Product (DO NOT return the actual bottle containing the Qualifying Product); and
c) The original dated purchase receipt (in store or online) with the purchase price circled.

OR:

Complete the online form found at **www.nightshift-mbg.com** and upload a copy of your dated purchase receipt with the purchase price circled. Online orders require ship confirmation.

NOTE: PURCHASE RECEIPT MUST BE DATED A MINIMUM OF THIRTY (30) DAYS PRIOR TO THE POSTMARK DATE OF YOUR REQUEST; and MAIL TO:

Mucinex Night Shift Money Back Guarantee PO Box 2548 Grand Rapids, MN 55745-2548 Only legal United States residents who are eighteen (18) years of age or older are eligible for this offer. Offer valid on any Mucinex Nightshift Cold & Flu or Severe Cold & Flu product (6oz or 20ct.). Offer does not apply to: any Mucinex Sinus-Max products, any Mucinex Children's products, any Mucinex DM products, any Mucinex Fast-Max products, any Mucinex FreeFrom products, any Mucinex D products, or any Mucinex InstaSoothe products.

Offer is valid for Qualifying Products purchased from October 22, 2024 to January 31, 2025. Requests must be postmarked by February 15, 2025 and received by February 28, 2025. Valid in the 50 U.S. and District of Columbia only. Void where prohibited, taxed or otherwise restricted. This Offer is not available to employees (and their immediate family members or members of the same household) of Sponsor and its affiliates, agents and advertising and promotion agencies. Only one (1) money back guarantee refund per household or address, regardless of Qualifying Product purchased. Multiple submissions will not be acknowledged or returned. No requests from groups, clubs or organizations will be honored. Eligible customers will be refunded only the actual amount spent on the Qualifying Product, not including sales tax or the amount of any coupon or discount received at the time of purchase. Allow 8 - 12 weeks for mailing of refund check. P.O. Box addresses will not be honored.

GENERAL: Participants assume all risk of loss, damage, destruction, delay or misdirection of materials/mail submitted to RB Health (US) LLC ("Sponsor"). Participant agrees to abide by the Terms and Conditions and to honor decisions of Sponsor, which are final and legally binding in all respects, and further agrees that all refunds are awarded upon the condition that RB Health (US) LLC, its promotion agencies, fulfillment partner, printers, suppliers of promotional materials, or any of their respective parent companies, subsidiaries, officers, directors, partners, principals, partnerships, employees or agents shall have no liability whatsoever, and shall be held harmless for any injuries, losses, or damages of any kind to persons or property, including death, sustained, in whole or in part, directly or indirectly, in connection with or resulting from acceptance, possession or use/misuse of any refund. Sponsor reserves the right, in its sole discretion, without prior notice and at any time, to cancel, terminate or suspend this offer should non-authorized human intervention or other causes corrupt or impair the administration, refund redemption, security, fairness or proper participation in the offer. Sponsor reserves the right to verify requests suspected of being invalid and to decline submissions that are inconsistent with these Terms and Conditions. All materials submitted become the property of Sponsor.

OFFERED BY: RB Health (US) LLC, 399 Interpace Parkway, Parsippany, NJ 07054

Mail-in form not payable at retail store. Please print clearly. Proper delivery depends on a complete and correct address.

NAME	ARE YOU OVER 18 YRS OLD? 🗆 YES 🗖 NO
ADDRESS	
EMAIL (optional)	
Please list individual UPCs with purchase price(s) in the space(s) below:	
UPC (12 digits)	<u> s</u>
What does a UPC look like?	