SPRING GIFT GUIDE



May 2 - May 15, 2015

All claims must include these 3 items to be considered valid: 1) Original UPC code cut from the machine carton; 2) Copy of the sales receipt showing the machine model, store where purchased and purchase date; and 3) This claim form – signed and filled out completely.

Offers good on purchases for PE-DESIGN® 10, PE-DESIGN® 10 Upgrade Embroidery Softwares, 5234PRW, Embroidery Digitizing PhotoStitch™ Bundle and MacBroidery™ Embroidery Lettering Software, between May 2 and May 15, 2015, made at participating Authorized Brother Innov-is Dealer locations.

DEALER NAME Required STREET* DEALER CITY Required CITY DEALER STATE Required STATE/ZIP DEALER STATE Required STATE/ZIP DEALER STATE Required STATE/ZIP DEALER STATE Required FROM ONLY INFORMATION (Including software and service updates, and special offers) Product Information (including software and service updates, and special offers) News (including tips, projects, and special events) Preferred method of contact (check boxes) Any method Email Phone SIGNATURE Required 1. COMPLETE THIS CLAIM FORM. A copy of this Claim Form is available at www.brothec.com. Please note that claims must be received by mail at the specific address for the offer. Claims cannot be received by email. 1. EXPLICATION (REDESIGNE) - SIOB Reform Visa Card, Dept. #15-21214 PRE-DESIGNEN (REQUIRED) - SIOB Brother Visa Card, Dept. #15-21216 PRE-DESIGNEN (REQUIRED) - SIOB Brother Visa Card, Dept. #15-21216 PRE-DESIGNEN (REQUIRED) - SIOB Brother Visa Card, Dept. #15-21216 PRE-DESIGNEN (REQUIRED) - SIOB Brother Visa Card, Dept. #15-21216 PRE-DESIGNEN (REQUIRED) - SIOB Brother Visa Card, Dept. #15-21216 PRE-DESIGNEN (REQUIRED) - SIOB Brother Visa Card, Dept. #15-21216 PRE-DESIGNEN (REQUIRED) - SIOB Brother Visa Card, Dept. #15-21216 PRE-DESIGNEN (REQUIRED) - SIOB Brother Visa Card, Dept. #15-21216 PRE-DESIGNEN (REQUIRED) - SIOB Brother Visa Card, Dept. #15-21216 PRE-DESIGNEN (REQUIRED) - SIOB Brother Visa Card, Dept. #15-21216 PRE-DESIGNEN (REQUIRED) - SIOB Brother Visa Card, Dept. #15-21216 PRE-DESIGNEN (REQUIRED) - SIOB Brother Visa Card, Dept. #15-21216 PRE-DESIGNEN (REQUIRED) - SIOB Brother Visa Card, Dept. #15-21216 PRE-DESIGNEN (REQUIRED) - SIOB Brother Visa Card, Dept. #15-21216 PRE-DESIGNEN (REQUIRED) - SIOB Brother Visa Card, Dept. #15-21216 PRE-DESIGNEN (REQUIRED) - SIOB Brother Visa Card, Dept. #15-21216 PRE-DESIGNEN (REQUIRED) - SIOB Brother Visa Card, Dept. #15-21216 PRE-DESIGNEN (REQUIRED) - SIOB Brother Visa Card	PLEASE PRINT YOUR CONTACT INFORMATION			
STREET* No Post Office Boxes Allowed. CITY DEALER STATE Required) STATE/ZIP DEALER STATE Required) Would you like to receive information from Brother? (check boxes for each choice) Product Information (including software and service updates, and special offers) PHONE News (including tips, projects, and special events) EMAIL Preferred method of contact (check boxes) Any method Email Phone SIGNATURE Required STEPS TO RECEIVE YOUR CLAIM 1. COMPLETE THIS CLAIM FORM. A copy of this Claim Form is available at www.brother.com. Please note that claims must be received by mail at the specific address for the offer. Claims cannot be received by email. 2. SELECT THE OFFER YOU ARE CLAIMING: PE-DESIGN*10 (PEDESIGN*10) - 500 Brother Visa Card. Dept. #15-21214 PE-DESIGN*10 (PEDESIGN*10) - 500 Brother Visa Card. Dept. #15-2128 DEPT. ISSNXXXX (Insert the dept. #1 specific to the offer you are claiming, see left) P.O. BOX 540049 EL PASO, TX 88554-0049 EL PASO, TX 88554-0049 SIGNATURE Specific to the offer you are claiming, see left) P.O. BOX 540049 EL PASO, TX 88554-0049 EL PASO, TX 88554-0049 SIGNATURE Specific to the offer you are claiming, see left) P.O. BOX 540049 EL PASO, TX 88554-0049 EL PASO, TX 88554-0049 SIGNATURE Specific to the offer you are claiming, see left) P.O. BOX 540049 EL PASO, TX 88554-0049 EL PASO, TX 88554-0049 SIGNATURE Specific to the offer you are claiming, see left) P.O. BOX 540049 EL PASO, TX 88554-0049 EL PASO, TX 88554-0049 SIGNATURE Specific to the offer you are claiming, see left) P.O. BOX 540049 EL PASO, TX 88554-0049 SIGNATURE Specific to the offer you are claiming, see left) P.O. BOX 540049 EL PASO, TX 88554-0049 EL PASO, TX 88554-004	NAME DEAL		ALER NAME	
*No Post Office Boxes Allowed. CITY DEALER STATE [Required] STATE/ZIP DEALER STATE [Required] STATE/ZIP Would you like to receive information from Brother? (check boxes for each choice) Product Information (including software and service updates, and special offers) News (including tips, projects, and special events) EMAIL Preferred method of contact (check boxes) News (including tips, projects, and special events) **Machine SERIAL NUMBER Preferred method of contact (check boxes) Any method Email Phone **STEPS TO RECEIVE YOUR CLAIM** 1. COMPLETE THIS CLAIM FORM. A copy of this Claim Form is available at www.brother.com. Please note that claims must be received by mail at the specific address for the offer. Claims cannot be received by email. 2. SELECT THE OFFER YOU ARE CLAIMING: PROJECTION Open Section Project Projec		, ,	ired)	
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PHONE News (including tips, projects, and special events) Preferred method of contact (check boxes) Any method Email Phone MACHINE SERIAL NUMBER SIGNATURE Required STEPS TO RECEIVE YOUR CLAIM 1. COMPLETE THIS CLAIM FORM. A copy of this Claim Form is available at www.brother.com. Please note that claims must be received by mail at the specific address for the offer. Claims cannot be received by email. 2. SELECT THE OFFER YOU ARE CLAIMING: PE-DESIGN® 10 (PEDESIGN10) - 5100 Brother Visa Card, Dept. #15-21214 PE-DESIGN® 10 (PEDESIGN) 550 Brother Visa Card, Dept. #15-21216 MacBroidery' Digitizing PhotoStitch™ Bundle (SAPSB) - 550 Brother Visa Card, Dept. #15-21216 MacBroidery Digitizing PhotoStitch™ Bundle (SAPSB) - 550 Brother Visa Card, Dept. #15-21217 3. INCLUDE A COPY OF SALES RECEIPT. Submit a copy of the sales receipt showing the product purchased and the purchase date (dated between 5/2/15 and 5/15/15). 4. INCLUDE THE ORIGINAL UPC CODE. Submit the proof of purchase by cutting out the	STATE/ZIP		,	
Preferred method of contact (check boxes) Any method			Product Information (including software and service updates, and special offers)	
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product purchased and the purchase date (dated between 5/2/15 and 5/15/15). 4. INCLUDE THE ORIGINAL UPC CODE. Submit the proof of purchase by cutting out the	1. COMPLETE THIS CLAIM FORM. A copy of this Claim Form is available at www.brother.com. Please note that claims must be received by mail at the specific address for the offer. Claims cannot be received by email. 2. SELECT THE OFFER YOU ARE CLAIMING: □ PE-DESIGN®10 (PEDESIGN10) - \$100 Brother Visa Card, Dept. #15-21214 □ PE-DESIGN®10 Upgrade (\$AVRPED10) - \$50 Brother Visa Card, Dept. #15-22183 □ \$234PRW - \$50 Brother Visa Card, Dept. #15-21215 □ Embroidery Digitizing PhotoStitch™ Bundle (\$APSB1) - \$50 Brother Visa Card, Dept. #15-21216 □ MacBroidery™ Embroidery Lettering Software (\$ARES) - \$50 Brother Visa Card, Dept. #15-21217		5. SIGN THE CLAIM FORM. This form must be signed in order to be valid. 6. MAIL ALL OF THE ABOVE ITEMS TO: MAY SPRING GIFT GUIDE DEPT. 15-XXXXX (Insert the dept. # specific to the offer you are claiming, see left) P.O. BOX 540049 EL PASO, TX 88554-0049 7. MUST BE POSTMARKED BY MAY 29, 2015. Rebate Form and supporting documents (collectively "Rebate") must be postmarked by May 29, 2015. Please allow 6 to 8 weeks to process.	
4. INCLUDE THE ORIGINAL UPC CODE. Submit the proof of purchase by cutting out the			I Include the original LIPC code from the machine heav?	
Original of C par code from the side of the calloff and the feceipt showing the purchase.				
MODEL# UPC BAR CODE# □ Include a copy of the sales receipt showing the machine model and purchase date?	-		☐ Include a copy of the sales receipt showing the machine model and purchase date?	
□ PE-DESIGN®10 (PEDESIGN10) 013503639459 □ Address the claim to the correct department number?	DI PE-DESIGN®10 (PEDESIGNIO)		☐ Address the claim to the correct department number?	
□ PE-DESIGN®10 Upgrade (SAVRPEDIO) 012502639473 □ Write the machine serial number on the Claim Form?	☐ PE-DESIGN®10 Upgrade (SAVRPED10)		· ·	
□ 5234PRW 012502628750 □ Embroidery Digitizing PhotoStitch™ Bundle (SAPSBI) 012502547570 □ Make copies of all your Claim paperwork?	□ 5234PRW			
☐ MacBroidery Embroidery Lettering Software (SARES) 012502579601 ☐ Sign the Claim Form?				

Incomplete claims (missing paperwork, missing information) will be considered invalid and will disqualify the claim.

OFFICIAL RULES & REGULATIONS

- Purchases must be made between May 2, 2015 and May 15, 2015.
 Purchases made before or after these dates will not be eligible.
- Any misrepresentations or fraudulent information may disqualify the Claim.
- Offer is not valid in conjunction with any other Brother offer.
- Brother dealers, distributors, resellers and their employees and internal Brother orders are ineligible.
- Limit ONE offer for each model, per person, household, family or address.
- Refurbished or used machines do not qualify.
- Multiple sales to wholesale accounts do not qualify.
- Only purchases by an end-user customer from an Authorized Brother Innov-is Dealer location in the 50 United States, the District of Columbia or Puerto Rico are valid.
- Offer void where prohibited by law.

- Any submission with an invalid or undeliverable address will be rejected.
- Brother is not responsible for Claims that are lost, stolen, damaged, illegible, misdirected or delayed in the mail. Please keep copies of all material submitted. No Claims against "lost" materials will be evaluated unless accompanied by proof of receipt of the original Claim by Brother (e.g., certified or registered mail).
- Brother reserves the right to request additional information regarding this Claim and the right to confirm identification. All documentation submitted with this Claim becomes the property of Brother and cannot be returned.
- The claimant waives any and all claims against Brother relating to this offer.
- Offered by Brother International Corporation and fulfilled by Parago, Inc. and Brother International Corporation.
- To check the status of your Claim, call 1-866-441-3015 or visit www.rebateshq.com.