



*VISION SOURCE™*  
**EXTERNAL SIGN  
CO-OP PROGRAM**

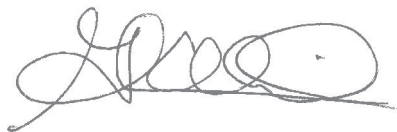
# BRANDING YOUR PRACTICE AS VISION SOURCE

At the 2011 North American Meeting, Vision Source introduced a new brand identity, including a new logo. Those of you who were present at the meeting saw some compelling reasons to incorporate the new brand into your practice, including research that showed consumers were more likely to choose practices that utilized the new Vision Source logo in their external signs, versus the doctor name alone or a "generic" DBA practice name.

Changing an external sign represents a considerable expense to any practice. Recognizing this, Vision Source, LP is introducing a limited-time program to reimburse offices for a portion of the expense incurred by incorporating the new Vision Source logo into their external signs.

While we recognize that Vision Source members are independent, autonomous practitioners, we will require certain standards for external signs to ensure that the brand is presented correctly and consistently across the network. For that reason, we strongly suggest you review the **Guidelines for Sign Design and Reimbursement** before beginning work on a sign.

I encourage you to take advantage of this opportunity to join with your colleagues across North America in making Vision Source a part of your practice's identity. Together, we can make Vision Source the most powerful brand in eye care. One that represents our shared values of independence, innovation and commitment to the highest standards of patient care.



**GLENN** ELLISOR, OD  
PRESIDENT AND CEO

Vision Source™

# GUIDELINES FOR SIGN DESIGN AND REIMBURSEMENT

The following guidelines have been developed to ensure:

- That the Vision Source brand is used correctly and consistently; and
- That member offices that incorporate the Vision Source logo into their external signs receive the maximum reimbursement allowable.

## ELIGIBILITY:

Any Vision Source member office in good standing that constructs and installs an external sign in accordance with these guidelines and the Vision Source Brand Standards guidelines within the allowable time period is eligible for reimbursement.

- **"GOOD STANDING"**  
means that the office is current in their royalty payments and, if applicable, marketing co-op payments.
- **"EXTERNAL SIGN"**  
means a permanent sign located on the member's office exterior or property that is generally visible to the public.
- **"VISION SOURCE BRAND STANDARDS GUIDELINES"**  
is a published set of standards governing the use of the Vision Source brand. A copy of these standards is available for download from the Members' area of VisionSource.com.
- **"ALLOWABLE TIME PERIOD":**  
To be eligible for reimbursement, Pre-Approval, as defined below, must be submitted to Vision Source L.P. on or before April 16, 2012 the external sign must be constructed and installed by **April 30, 2012**.

## PRE-APPROVAL:

To ensure that a proposed sign is eligible for reimbursement, member offices must submit the following prior to constructing and installing the external sign:

- A completed **External Sign Design Approval** form
- A rendering or illustration of the proposed sign showing:
  - o Position of the Vision Source logo relative to the practice name and/or doctor(s) name(s).
  - o Overall dimensions (height x width).
  - o Size (height x width) of Vision Source logo on sign.
  - o Colors of lettering and background.
  - o Materials to be used in construction/fabrication.
  - o Location of sign relative to member's office.
  - o Estimated total cost.

## REIMBURSEMENT:

Reimbursement for external signs that meet the eligibility requirements will be as follows:

- Signs that are determined to be "Fully Branded" per examples #1 and #2 will be reimbursed at 50% of the total actual invoice cost of the sign, up to a maximum of \$1,500 provided that the Vision Source logo is positioned at the top of the sign and the size of the logo is equal to or greater than that of any line of type (doctor name, practice name, etc) below it.
- Signs that are determined to be "Partially Branded" per example #3 will be reimbursed 50% of the total actual invoice cost of the sign up to \$1,000, provided the Vision Source logo is no less than 50% of the size of the doctor or practice name.
- Only one reimbursement will be made per office location up to the maximum allowed: \$1,500 for "Fully Branded" and \$1,000 for "Partially Branded".
- Reimbursement will be made only if the member office has submitted an External Sign Design Approval form prior to construction and received a copy signed by a representative of Vision Source, LP.
- To receive reimbursement, the member office must submit:
  - o A copy of the invoice for construction of the approved sign design together with evidence of payment.
  - o A photograph of the sign as installed.

**Note: Vision Source, LP reserves the right to withhold or modify the amount reimbursed if the actual sign varies significantly from the rendering submitted for pre-approval.**

- Reimbursement will be made by check to the member office within 30 days of receipt of all required documentation.
- The member office acknowledges, agrees and grants Vision Source L.P. an unrestricted right and license to use the design and photograph on promotional, marketing, and other business uses of Vision Source L.P., in print, electronic, website and other types of media.



Example #1 Fully Branded  
Up to \$1,500



Example #2 Fully Branded  
Up to \$1,500



Example #3 Partially Branded  
Up to \$1,000

# EXTERNAL SIGN DESIGN APPROVAL FORM

## Part 1:

To be completed by applicant. Applicants with multiple offices must submit a separate application for each office. When complete, mail to:

Vision Source Sign Co-op  
1849 Kingwood Dr. Suite 101  
Kingwood, TX 77339

or email to [signs@visionsource.com](mailto:signs@visionsource.com)

Be sure to attach an illustration or drawing of the proposed sign.

Practice Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Overall Dimensions of Proposed Sign: \_\_\_\_\_ Wide X \_\_\_\_\_ High

Dimensions of Vision Source Logo: \_\_\_\_\_ Wide X \_\_\_\_\_ High

Is the sign (check one)  Single Sided  Double Sided

Estimated Total Cost of Sign: \$ \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge receipt of the Guidelines for Sign Design and Reimbursement and agree to all terms and conditions of those Guidelines.

How would you like us to return this form when approved?  Fax  Email

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## Part 2:

To be completed by Vision Source, LP

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Reimbursement: \$ \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_