

# 2016 Omaha AMA Pinnacle Duplicate Form

## Shipping Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail address

## Awards to be Duplicated

*Please list entry name, category and the level of award (i.e. gold merit, pinnacle, best of show, etc.)*

\_\_\_\_\_ @ \$45/merit award      \_\_\_\_\_ @ \$115/pinnacle statue      Total: \$ \_\_\_\_\_

## Payment Information

A check is enclosed, payable to AMA Omaha

I authorize you to charge my:

MasterCard     Visa     American Express

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Card Billing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Signature

## Returning the Form

### By mail:

Physicians Mutual  
Attn: Nina Rongisch  
2600 Dodge Street  
Omaha, NE 68131

**By email:** [nina.rongisch@physiciansmutual.com](mailto:nina.rongisch@physiciansmutual.com)

### Questions?

**Call:** Nina Rongisch at 402-633-5718.

Please return this form by  
May 13<sup>th</sup>, 2016