

FINGER REMOVAL ORDER

DEADLINE: AUGUST 12

Desired Finger(s) Removed: _____

Remove Finger(s): _____ X \$250 / Finger = \$ _____

Company: _____ Space: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Email Address: _____

Contact Person: _____ Authorized Signature x _____ Date: _____

Total Amount Due: \$ _____
Amount Enclosed: \$ _____
Balance Due: \$ _____

All orders must be paid in full by September 4

Submit Request to: jpritko@nmma.org

Questions Contact Jon Pritko 646-370-3645 or jpritko@nmma.org