

# AMHR/ASPC Championship Jewelry

## Men's Ring

Men's Ring in Lustrium™\* \$185.00  
Men's Ring in Suncast™\*\* 215.00



## Women's Ring

Women's Ring in Lustrium\* \$185.00  
Women's Ring in Suncast\*\* 215.00



## Men's Pendant

Men's Pendant in Lustrium\* \$99.00  
Men's Pendant in Suncast\*\* 119.00



## Women's Pendant

Women's Pendant in Lustrium\* \$99.00  
Women's Pendant in Suncast\*\* 119.00

\*Lustrium™ is an extremely durable non-precious white metal alloy

\*\*Suncast™ is an extremely durable non-precious Yellow metal alloy



# AMHR /ASPC Championship Jewelry

DESCRIPTION	SIZE	QUANTITY	PRICE	TOTAL
Men's Lustrium Ring			\$185.00	
Men's Sunicast Ring			215.00	
Women's Lustrium Ring			185.00	
Women's Sunicast Ring			215.00	
Men's Lustrium Pendant			99.00	
Men's Sunicast Pendant			119.00	
Women's Lustrium Pendant			99.00	
Women's Sunicast Pendant			119.00	

<b>Name on Side of Ring:</b> _____ <small>(Limit 10 Characters for Men's Ring / 8 Characters for Women's Ring)</small> <b>Inside Engraving:</b> _____ <small>(Name or Initials)</small> <b>Engraving on Back of Pendant:</b> _____ <small>(Name or Initials)</small>	Subtotal	
	Shipping & Handling	\$9.95
	Tax	
	<b>TOTAL</b>	

**Bezel Top Spellout Choices:**  
 NATIONAL CHAMPION  
 RESERVE NATIONAL CHAMPION  
 HALL OF FAME  
 NATIONAL TOP FIVE  
 NATIONAL TOP TEN

**Stone Color Choices:**  
  January Garnet  
  February Amethyst Spinel  
  March Aquamarine  
  April White Spinel  
  May Shamrock Spinel  
  June Alexandrite  
  July Ruby  
  August Peridot  
  September Fire Blue Spinel  
  October Rose Zircon  
  November Topaz  
  December Blue Zircon  
  Mother of Pearl  
  Black Onyx

**Side Panel Engraving:**  
 NATIONALS    ALLSTARS    HALL OF FAME    CONGRESS

**Stone Cut Choices:**  
 FACET    SMOOTH

**To order by phone:** (952) 233-1420     
 **To order by fax:** (952) 233-1428     
 **To order by mail:**  
**Jostens**  
**14036 Kings Court**  
**Savage, MN 55378**

**BILLING INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**SHIPPING INFORMATION (If Different)**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_

**PAYMENT INFORMATION**

MasterCard    Visa    Discover    American Express    Personal Check

ACCOUNT NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_