I will attend American Skin Association’s 2024 Spring Gala on Thursday, April 4, 2024 at The Plaza Hotel. Please reserve the following:

- **Chairman’s Leadership Circle** ($50,000) Premier seating for ten (10) guests, recognized with Chairman’s Leadership Award, one complimentary gold full-page in Gala Journal, recognition on Gala invitation* and ASA website, acknowledgement from the podium

- **President’s Club** ($25,000) Priority seating for ten (10) guests, complimentary silver full-page in Gala Journal, recognition on Gala invitation* and ASA website, acknowledgement from the podium

- **Patron** ($15,000) Preferred seating for ten (10) guests, complimentary full-page in Gala Journal, recognition on Gala invitation* and ASA website

- **Supporter** ($10,000) Preferred seating for ten (10) guests, recognition in Gala Journal, recognition on Gala invitation* and ASA website

- **Friend of ASA** ($5,000) Preferred seating for two (2) guests, recognition in Gala Journal, recognition on ASA website

- **Individual Ticket** ($1,000) Please indicate the number of tickets: ________

- **Gala Journal Ad** – Please circle one: Gold Full-Page ($5,000) or Silver Full-Page ($2,500)

- We are unable to attend but would like to make a contribution of $ ________________.

*Please Note: The deadline to be included on the invitation is February 16 and the deadline for journal materials is March 1.*

For further details please contact Kathleen Reichert at 212.889.4858 or Kathleen@americanskin.org.

ASA is 501(c)(3) charitable organization.
All but $250 per guest in attendance is deductible as a charitable contribution.
Please complete the following:

Listing: _______________________________________________________________________
(as you would like it to appear in all gala materials)

Name and Title: ___________________________________________________________________

Company: _____________________________________________________________________

Mailing Address: ___________________________________________________________________

_____________________________________________________________________________

Phone: ____________________ Email: ____________________

Please choose one:

☐ Enclosed is my check for $ ____________ payable to American Skin Association.

☐ Please bill me as indicated above. (Payment is due by February 16, 2024.)

American Skin Association
335 Madison Avenue, 22nd Floor
New York, NY 10017
212.889.4858

Please list the names of the guests to be seated at your table.

Note: If you have not yet confirmed the names, they may be submitted to ASA via email (kathleen@americanskin.org) by March 1, 2024.

1. __________________________________________________________

2. __________________________________________________________

3. __________________________________________________________

4. __________________________________________________________

5. __________________________________________________________

6. __________________________________________________________

7. __________________________________________________________

8. __________________________________________________________

9. __________________________________________________________

10. ___________________________________________________________