



The Vascular Birthmarks Foundation
“Mark of Beauty” Gala
Chairs: Marc and Hyleri Katzenberg
Friday, October 8, 2010 at the Hudson Theatre in New York City

REGISTRATION FORM

Name: _____
Last First M.I.

Address: _____
Street City State Zip

Phone: _____ Email: _____

- **Standard Ticket \$150 per person:** Number of Tickets: _____
*Please complete attendee information on page 2 for each ticket purchased
Total Amount: \$ _____
- **Table for 10 \$2,000:** Number of Tables: _____
Includes 1 Standard Ticket and 2 Raffle Tickets per person
*Please complete attendee information on page 2 for the 10 people at each table
Total Amount: \$ _____
- **Raffle Ticket \$50 each:** Number of Raffle Tickets: _____
Total Amount: \$ _____
- I regret I cannot attend the event, but please accept my donation in the amount of:
Total Amount: \$ _____

Payment Method: Make check/money order payable to VBF

Check Money Order American Express Visa Master Card Discover

Name of Cardholder: _____

Signature: _____

Card #: _____ Exp. Date: _____

Return this form with payment to:
VBF
P.O. BOX 106
Latham, NY 12110

Any questions call VBF Executive Assistant Basia Joyce at 518-495-3938

VBF "Mark of Beauty" Gala - Additional Attendee Information

Guest 1 Name: _____
Email: _____
Phone: _____

Guest 2 Name: _____
Email: _____
Phone: _____

Guest 3 Name: _____
Email: _____
Phone: _____

Guest 4 Name: _____
Email: _____
Phone: _____

Guest 5 Name: _____
Email: _____
Phone: _____

Guest 6 Name: _____
Email: _____
Phone: _____

Guest 7 Name: _____
Email: _____
Phone: _____

Guest 8 Name: _____
Email: _____
Phone: _____

Guest 9 Name: _____
Email: _____
Phone: _____

Guest 10 Name: _____
Email: _____
Phone: _____

If more than 10 attendees in your party, please print additional copies of page 2 as needed.