

Table Registration

October 24, 2025 | 6-11pm | Crystal Gardens



Table Presenter Information

Name _____

Company/Organization (if applicable) _____

Name to be displayed on table (e.g. Presented by John & Jane Smith) _____

Address _____

City _____ State _____ Zip _____

Daytime phone _____

Email _____

Table Selection

Number of tables (\$1,500/table)* _____

*Table for 10. Only full tables can be purchased at this time; individual ticket sales will be available later this year.

Total due: _____

Payment Information

☐ Check enclosed (payable to "LACASA Center")

☐ Credit Card

Card Type _____

Card number _____

Expiration Date _____ CVV _____

☐ Other: _____

Confirmation

Signature _____ Date _____

My signature indicates authorization to make this commitment to LACASA.

Important Note: Once your payment is processed, we will send you an email confirmation to the email address you provided above.

☐ I am also interested in learning more about sponsorship/underwriting/advertising opportunities for the Gala