The Rrrroaring '20s
LSU Medical Alumni Association’s
6th Annual Purple & Gold Gala

Saturday, October 15, 2011
The New Orleans Marriott

featuring The Jimmy Maxwell Orchestra
plus Dinner Buffet and Live/Silent Auctions
The LSU Medical Alumni Association invites you to spend an **rrroaring** evening of music, food, and fabulous fun at the

**Sixth Annual Purple & Gold GALA**

**The Rrrroaring ’20s**

Saturday, October 15, 2011
7:00 pm to 11:00 pm

**BLACK TIE OPTIONAL**

’20’s Attire

**THE NEW ORLEANS MARRIOTT**

555 CANAL STREET

[valet parking available]

**Featuring**

Open bar

Great New Orleans food

**Entertainment by**

*The Jimmy Maxwell Orchestra*

Live and silent auctions

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For hotel room, call Marriott reservations, 1-888-364-1200, and mention LSU Purple & Gold Gala for the special rate of $133.00/single or double (cut-off date for special rate, September 23, 2011).

LSU Medical Alumni Office, 2020 Gravier Street, New Orleans, LA 70112
(504) 568-4009  Fax (504)680-9572  E-mail: roar@lsuhsc.edu
The Rrrroaring ’20s

DINNERS TABLE PACKAGES

____ THE GREAT GATSBY
$10,000
($7,800.00 is tax-deductible to the extent allowed by law.)
Includes 20 Gala tickets (2 Tables)
Program Recognition
Special Seating

____ JAZZ
$5,000
($3,900.00 is tax-deductible to the extent allowed by law.)
Includes 10 Gala tickets (1 Table)
Program Recognition
Special Seating

____ CHARLESTON
$2,500
($1,400.00 is tax-deductible to the extent allowed by law.)
Includes 10 Gala tickets (1 Table)
Program Recognition

____ FOX TROT
$1,500
($400.00 is tax-deductible to the extent allowed by law.)
Includes 10 Gala tickets (1 Table)

____ CAKE WALK
$750 ($200.00 is tax-deductible to the extent allowed by law.)
Includes 5 Gala tickets (reserved seating)

INDIVIDUAL TICKETS – OPEN SEATING

____ SPEAKEASY (Enter number of tickets)
$150.00 each ($40.00 is tax-deductible to the extent allowed by law.)

For more information, please contact the LSU Medical Alumni Office
at (504) 568-4009, Fax (504) 680-9572, E-mail: roar@lsuhsc.edu.

The Great Gatsby, Jazz, and Charleston table purchases will be recognized
in the Gala Program if received before October 1, 2011.
Name ______________________________________________________
Address _____________________________________________________
City/State/Zip _________________________________________________
Phone _______________________________________________________

**NAMETAGS WILL BE ISSUED.**
**PLEASE PRINT FULL NAME OF EVERYONE ATTENDING IN YOUR GROUP:**

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

**REGRETS**
I am unable to attend, but want to make a tax-deductible contribution so a medical student(s) can attend.

**PLEASE ACCEPT MY CONTRIBUTION OF $_______________.**

**PAYMENT (See reverse for cost.)**
TOTAL PAYMENT $______________

☐ Enclosed is my check in the amount of $______________, payable to **LSU Medical Alumni Association**.
☐ Please charge $______________ to:
  ☐ Visa  ☐ MasterCard  ☐ American Express  ☐ Discover

  Card number: ____________________________ Exp. Date ____________________________
  Name as it appears on card (please print): _______________________________________
  Cardholder’s signature: _______________________________________________________

**NAME RECOGNITION (Great Gatsby, Jazz and Charleston table purchases)**
➢ Your name will be listed in the program for donations of $2,500.00 or above.
➢ We must receive your ticket order by October 1, 2011, for this recognition.
➢ **NAME AS YOU WISH IT TO BE LISTED IN THE PROGRAM:**
  [for donations of $2,500.00 or above]

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Tickets will not be mailed. You and your guest(s) should check in at the Registration Table. Please return this form in the enclosed envelope to the LSU Medical Alumni Office, 2020 Gravier Street, New Orleans, LA 70112. You will receive written acknowledgement of your gift for tax purposes. (Tax ID information available upon request.)