



SPRING SOIREE - SPONSOR Confirmation Form and Information

NAME(S): _____

ADDRESS: _____

E-MAIL: _____

PHONE : _____

Please list your name(s) or provide your logo as you want to be recognized.

Sponsorship Level: \$1,500 \$1,000 \$750 \$500 (*please select one*)

If you are planning to attend the event, please provide you and your guest's names so we can pre-register you.

For questions, please contact Talitha Ledet at 214-789-7847 or Michelle Krebs at 214-295-2950, or by email at talitha@thepearlmspa.com or michelle@thepearlmspa.com

Payment: You may pay by credit card by calling 214-295-2950

or

Mail check payable to: "The Pearl MedSpa"

c/o Michelle Krebs, 783 North Denton Tap Road, Suite 110 Coppell, TX 75019

Please mail check by April 10, 2025. Thank you very much for your support!

Please email your company logo in jpeg format for signage to: talitha@thepearlmspa.com

THANK YOU FOR YOUR SUPPORT.

The Pearl MedSpa
783 N. Denton Tap Road, Suite 110
Coppell, TX 75019
214-295-2950

www.ThePearlMedicalSpa.com