Host Committee Ticket Levels

- **Leadership Ticket | $3,000**
  - Four (4) tickets to benefit
  - Recognition in benefit listings

- **Executive Ticket | $1,000**
  - Two (2) tickets to benefit
  - Recognition in benefit listings

- **Member Friend Ticket | $550**
  - One (1) ticket to benefit
  - Recognition in benefit listings

For more single ticket options, please visit our website.

Advertisement Levels

All advertisements and messages are digital and will run during both our New York and Los Angeles events if received by February 15, 2024, and at our New York benefit only if received between February 15, 2024, and April 5, 2024. Messages can be in support of the honorees or ArtTable itself. All messages are subject to review by ArtTable.

- **Premier Video Ad | $1,375**
  - Five-second video ad to be played at both benefits
  - Inclusion in dedicated e-blast to ArtTable members
  - 16:9 aspect ratio, .mp4 format, no audio

- **Priority Screen Ad | $775**
  - Three-second stationary ad to be played at both benefits, a minimum of 20 times
  - Inclusion in dedicated e-blast to ArtTable members
  - 16:9 aspect ratio, .jpg or .pdf format, 300 dpi

- **Classic Screen Ad | $475**
  - Three-second stationary advertisement to be played at both benefits, displayed a minimum of 10 times
  - Inclusion in dedicated e-blast to ArtTable members
  - 16:9 aspect ratio, .jpg or .pdf format, 300 dpi

- **Priority Message | $200**
  - Maximum 150-character message to be played at both benefits, displayed a minimum of 20 times

- **Classic Message | $100**
  - Maximum 150-character message to be played at both benefits, displayed a minimum of 10 times
I cannot attend, but would like to support ArtTable and this year's honorees with a contribution of $__________.

Payment Information
Purchase your Host Committee ticket or advertisement through our website or by submitting your payment information below and returning to:

ArtTable
1 East 53rd Street, 8th Floor
New York, NY 10022

___________________________________________________________________________________________________
NAME AS YOU WISH TO BE LISTED

_ MAILED CHECK      _ VISA      _ MASTERCARD      _ AMEX

___________________________________________________________________________________________________
NAME ON CARD      CREDIT CARD NUMBER      EXP. DATE      CVC

___________________________________________________________________________________________________
BILLING ADDRESS      CITY      STATE      ZIP

___________________________________________________________________________________________________
EMAIL      PHONE      TOTAL AMOUNT TO CHARGE