THE MIDWEST CLINIC
An International Band and Orchestra Conference
68th Annual Conference
December 17 – 20, 2014
McCormick Place West – Chicago, Illinois
2014 Application and Contract for Exhibit Space

PLEASE TYPE OR PRINT CLEARLY

Organization Name: _____
(Please list organization name exactly as you wish it to appear in the program and on your signage.)

Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Website: _____

We agree to abide by the Exhibitor Specifications and Contract Terms, which accompanied this contract, all of the terms of which are made a part hereof by this reference and fully incorporated herein, receipt of which is hereby acknowledged, and to all conditions under which space at McCormick Place West is leased to The Midwest Clinic.

Signature: _____ **Date:** _____

Have you exhibited previously at The Midwest Clinic? ❑ Yes ❑ No   If yes, how many years? _____

College/University/Military Exhibitors: Do you wish to participate in College Night? ❑ Yes ❑ No

Contact Name: _____ Cell Phone: _____ Email: _____

PLEASE NOTE: An exhibit booth or an advertising purchase is required for participation in College Night.

Please mark product or service category to be displayed:

_____ Music Merchandise	_____ Stage Equipment	_____ Instrument Manufacturer	_____ Software/Technology
_____ Uniforms/Clothing/Accessories	_____ Music Journals	_____ Audio/Video Recording	_____ Professional Associations
_____ Fundraising	_____ College/University	_____ Festivals/Competitions/Camps	_____ Performing Organizations
_____ Photography	_____ Travel Services	_____ Military Organizations	_____ International Tourism
_____ Music Publisher	_____ Music Retail	Other: _____	

First-time exhibitors, please describe how your product or service serves instrumental music educators: _____

_____

Please provide any preferences about your booth location: _____
(booth locations will not be confirmed until August 11th)

Would you like a complimentary two-line sign? ❑ Yes ❑ No
(Organization name with city and state)

Booth Rates: **$1060 standard 10'x10'**
$1210 corner 10'x10' *(Inline booths only)*

# of booths requested: Standard _____ Corner _____

Preferred configuration (4 or more booths): ❑ Island ❑ Inline
(standard booth pricing)
Full payment is enclosed: $ _____
- OR -
50% payment is enclosed: $ _____

Please note: Actual booth assignments will take place only after payment is received in full. Deadline for payment in full 8/1/14. Contracts and payments received after will be assigned booths based on availability.

Please return this contract with check or credit card information to:
The Midwest Clinic · 1111 E. Touhy Ave, Ste. 250 · Des Plaines, IL 60018 USA
Phone: (847) 424-4163   Fax: (773) 321-1509   info@midwestclinic.org

Credit Card Type: ❑ Visa ❑ MasterCard ❑ American Express

Billing Address: _____
_____

Card Number: _____

Name on Card: _____

Exp. Date (mm/yy) _____   Security Code _____

(Please do not write below this line.)

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Number of Booths Requested: _____   Amount Received: $ _____   Amount Received: $ _____

Balance Due: $ _____   Balance Due: $ _____

Booth(s) Assigned: _____   Password: _____