

THE MIDWEST CLINIC
An International Band and Orchestra Conference
66th Annual Conference
December 19 - 22, 2012
McCormick Place West – Chicago, Illinois
2012 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:

<input type="checkbox"/> Music Merchandise	<input type="checkbox"/> Stage Equipment	<input type="checkbox"/> Instrument Manufacturer	<input type="checkbox"/> Software/Technology
<input type="checkbox"/> Uniforms/Clothing/Accessories	<input type="checkbox"/> Music Journals	<input type="checkbox"/> Audio/Video Recording	<input type="checkbox"/> Professional Associations
<input type="checkbox"/> Fundraising	<input type="checkbox"/> College/University	<input type="checkbox"/> Festivals/Competitions/Camps	<input type="checkbox"/> Performing Organizations
<input type="checkbox"/> Photography	<input type="checkbox"/> Travel Services	<input type="checkbox"/> Military Organizations	<input type="checkbox"/> International Tourism
<input type="checkbox"/> Music Publisher	<input type="checkbox"/> 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: _____

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

Booth Rates: \$1050 standard 10'x10'
\$1200 corner 10'x10' (Inline booths only)

of booths requested: Standard _____ Corner _____

Preferred configuration (4 or more booths): Island Inline

Full payment is enclosed: \$ _____

- OR -

Partial payment is enclosed: \$ _____

Please note: Actual booth assignments will take place only after full payment is received.

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.)

Date Received: _____ Total Amount Due: \$ _____ 2nd Payment Date: _____

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

Balance Due: \$ _____ Balance Due: \$ _____

Booth(s) Assigned: _____ Password: _____