



2022 Clinic Application

This application is session based and will log you out after a period of inactivity. Therefore, please be sure to save your work before leaving the application window open for any amount of time. Failing to do so may jeopardize you losing any information which has not been saved.

Part II - Clinic Details

Clinic Title

Clinic Title: *(limited to 150 characters)* *

Clinic Title - limited to 150 characters

Clinic Outline

Upload Proposal Outline: * *(PDFs only please.)*

Your Outline:

Clinic Details

Clinic Description: *Cannot Exceed 500 Characters* *

Clinic Synopsis - Cannot Exceed 500 Characters

Clinic Target Areas (select one)

Please check the target area pertaining to your clinic session:*

- | | | |
|--|---|--|
| <input type="radio"/> Administration | <input type="radio"/> Beginning Instruction | <input type="radio"/> Brass Pedagogy |
| <input type="radio"/> Composing / Arranging /
Repertoire | <input type="radio"/> Conducting / Rehearsal
Techniques | <input type="radio"/> Diversity + Inclusion |
| <input type="radio"/> Contemporary Trends and Issues in
Education | <input type="radio"/> Generation Next
<i>(college students or novice teachers)</i> | <input type="radio"/> Jazz |
| <input type="radio"/> Percussion Pedagogy | <input type="radio"/> Strings | <input type="radio"/> Technology |
| <input type="radio"/> Woodwind Pedagogy | <input type="radio"/> Small Schools | <input type="radio"/> L.E.A.D. Initiative
(read more) |
| <input type="radio"/> Other | | |

Other Target Area

If other...

Categories (select one)

Please check the category pertaining to your clinic session:*

- | | | |
|-------------------------------------|--|---|
| <input type="radio"/> Band | <input type="radio"/> Orchestra | <input type="radio"/> Chamber / Percussion Ensemble |
| <input type="radio"/> Jazz Ensemble | <input type="radio"/> General
<i>(applies to all performance domains)</i> | |

Clinic Presentation

Which format will you use to present your clinic?*

If you plan on selecting S.H.O.P. Talk, [please make sure you are eligible first.](#)

Choose Format

Are you willing to present your clinic to a virtual audience?*

No

Have you previously presented this session at a clinic, convention, or meeting?*

No

If yes, list year and event

If yes, list year and event

Have you presented at a clinic, state or association conference, or meeting within the last three years?*

No

If yes, list year, event, and session title. If multiple, list all:

If yes, list year, event, and session title. If multiple, list all

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- SHUTTLE SCHEDULE
- DINING AT MCCORMICK PLACE WEST
- MAPS & DIRECTIONS
- TRANSPORTATION TO THE MIDWEST CLINIC
- PROMOTIONAL LETTER TO ADMINISTRATORS
- OFFICIAL LETTER OF INVITATION FOR ATTENDEES

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