

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 IV - Additional Clinic Information

Do you have a sponsor for this presentation? *						
No		\$				
Click on the tabs below to view/enter your sponsorship information.						
	<u>First</u> <u>Sponsor</u>	<u>Second</u> <u>Sponsor</u>	<u>Third</u> <u>Sponsor</u>	<u>Fourth</u> <u>Sponsor</u>		

First Sponsor

If yes, organization:

If yes, organization

Address

Address

City	State	Zip
City	State	Zip
Office Phone	Extension	Fax
Office Phone	Extension	Fax
Contact Person	Email	
Contact Person	Email	

Demonstration Ensemble Information

NOTE: In order to ensure your demonstration ensemble is secured, please complete this section. Doing so at a later date may jeopardize our ability to secure an ensemble.

Will you use a demonstration ensemble during your presentation?*	No	\$
Approximate size of the demonstration ensemble?	0	
What type of ensemble?	Ensemble Type	
Would you like help finding a demonstration ensemble for your presentation?*	No	\$
If you do not require assistance in locating a demonstration ensemble, please list the name	of the ensemble you will be using.	
Name of the ensemble you will be using		

Application Evaluations

The Midwest Clinic requires all applications to include three evaluations from prominent professionals who are familiar with your work. At least one evaluation must be by someone who has seen you present an educational workshop. Members of The Midwest Clinic Board of Directors are ineligible to submit evaluations.

Upon submission of your completed application the individual e-mail addresses you detail below will be sent information on how to complete the evaluation. All evaluations must be sent electronically to The Midwest Clinic office by **6:00 PM EST, Friday, March 18, 2022**. Emailed or faxed evaluations will NOT be accepted.

First Evaluator's Name	First Evaluator's Email
First Evaluator's Name	First Evaluator's Email
Second Evaluator's Name	Second Evaluator's Email
Second Evaluator's Name	Second Evaluator's Email
Third Evaluator's Name	Third Evaluator's Email
Third Evaluator's Name	Third Evaluator's Email

PLEASE READ: At this time we encourage you to review your application by using the "Review" button located below. Please make sure that you have completed each field accurately and that our system captured all information as you would like it displayed. If you have any questions, please save your work using the "Save" button below and then <u>contact us</u> before submitting your completed application.

Review (Back to Step 1) Back to Step 3

Save and Come Back Later

Submit Your Final Application





KEEP IN TOUCH







EXHIBITORS & ADVERTISERS

EXHIBITOR SPECS/TERMS TERMS OF USE NEW PUBLICATIONS EXHIBITOR INFORMATION ADVERTISING & SPONSORSHIP OFFICIAL MIDWEST CLINIC COMPANIES

MUSIC INDUSTRY AT MIDWEST CLINIC

PERFORMERS & CLINICIANS

PERFORMANCE APPLICATION FAQS
CLINIC APPLICATION FAQS
PERFORMANCE APPLICATION RECORDING
TIPS
CLINICS AND CONCERTS
MIDWEST CLINICIANS
PERFORMING ORGANIZATIONS
DIVERSITY AND INCLUSION STATEMENT

REYNOLDS CONDUCTING INSTITUTE FELLOWS

ATTENDEES

MIDWEST CLINIC 2021 W9

REGISTRATION FEES & CONFERENCE DATES

REGISTRATION & TRAVEL FOR MIDWEST

CLINIC

HOTELS AND RESERVATIONS FOR MIDWEST

CLINIC

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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