



**The
Midwest
Clinic**

International Band
and Orchestra Conference

Sample Application Form

Part 1 - Clinician's Information

Principal Clinician's Name _____

School/University/Association _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Office Phone _____

Cell Phone _____ Email _____

Website URL _____

Principal Clinician's Bio (1600 Character Limit)

Upload Clinician's Photo:

Clinician History

Have you ever attended The Midwest Clinic? If yes, when?

Have you ever applied to present at The Midwest Clinic? If yes, when?

Have you ever presented a session at The Midwest Clinic? If yes, list the year and title of your clinic. If multiple years, please list all.

Education (School, Degree, Year) (500 Character Limit)

Previous Teaching Position (Where, When, Capacity) (500 Character Limit)

Part 2 – Clinic Details

Clinic Title (150 Character Limit) _____

Upload Clinic Outline (PDFs Only):

Clinic Description (500 Character Limit):

Clinic Target Areas (select one)

Administration	Beginning Instruction	Brass Pedagogy
Composing/Arranging/Repertoire	Conducting/Rehearsal Techniques	Diversity + Inclusion
Education Theory and Pedagogy	Generation Next (College Students)	Health and Wellness
Jazz	Leadership	Percussion Pedagogy
Strings	Technology	Time Management/Job Sustainability
Woodwind Pedagogy	Small Schools	Other:

Categories (select one)

Band	Orchestra	Chamber/Percussion
Jazz Ensemble	General (applies to all performance domains)	

Clinic Presentation

Which Format will you use to present your clinic?

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

Have you previously presented this session at a clinic, convention, or meeting? If yes, list year and event.

Have you presented at a clinic, state, or association conference or meeting within the last three years? If yes, list year, event, and session title. If multiple, list all:

Part 3 – Additional Clinicians

Clinicians may not be added or removed from a clinic roster once the clinic has been selected. Up to 9 additional clinicians can be added.

Clinician's Name _____

School/University/Association _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Office Phone _____

Cell Phone _____ Email _____

Website URL _____

Upload Clinician's Photo:

Clinician's Bio Information

Clinician's Bio (1600 Character Limit)

Education (School, Degree, Year) (500 Character Limit)

Previous Teaching Position (Where, When, Capacity) (500 Character Limit)

Part IV – Additional Clinic Information

Do you have a sponsor for this presentation? (You can have up to 4 sponsors)

If yes, please list the organization's name.

Address _____

City _____ State _____ Zip _____

Office Phone _____ Extention _____ Fax _____

Contact Person _____ Email _____

Demonstration Ensemble

Will you use a demonstration ensemble during your presentation?

Approximate size of demonstration ensemble?

What type of ensemble?

Would you like help finding a demonstration ensemble for your presentation?

If you do not require assistance in locating a demonstration ensemble, please list the name of the ensemble you will be using.

Application Evaluations

First Evaluator's Name _____ First Evaluator's Email _____

Second Evaluator's Name _____ Second Evaluator's Email _____

Third Evaluator's Name _____ Third Evaluator's Email _____