

**THE MIDWEST CLINIC**  
**International Band and Orchestra Conference**  
**71st Annual Conference**  
**December 20-23, 2017**  
**McCormick Place West – Chicago, Illinois**  
**2017 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? \_\_\_\_\_  
 Would you like to participate in our Scavenger Hunt?  Yes  No If yes, would you like to provide a raffle prize? \_\_\_\_\_ (not required to participate)

College/University/Military Exhibitors Only: 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: \_\_\_\_\_  
 (Booth assignments will be made at the discretion of The Midwest Clinic, with consideration given for seniority and contract date.)

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

**FOR 2017: A ten percent (10%) discount will apply if booth is purchased and paid in full prior to March 20, 2017.**

**Booth Rates: \$1080 standard 10'x10'**  
**\$1230 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 submit this contract electronically via the website: [www.midwestclinic.org](http://www.midwestclinic.org).**

Credit Card Type:  Visa  MasterCard  American Express

Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Exp. Date (mm/yy) \_\_\_\_\_

Security Code \_\_\_\_\_

**Please note: Actual booth assignments will take place only after payment is received in full. Deadline for payment in full is 8/1/17. Contracts and payments received after, will be assigned booths based on availability. Booth assignments will be announced August 14, 2017.**

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

Balance Due: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

Booth(s) Assigned: \_\_\_\_\_ Password: \_\_\_\_\_