



**THE MIDWEST CLINIC**  
*An International Band and Orchestra Conference*  
**68<sup>th</sup> ANNUAL CONFERENCE**  
**December 17 – 20, 2014**

Please email this evaluation to:  
[info@midwestclinic.org](mailto:info@midwestclinic.org) or  
Fax it to: (773) 321-1509

**CLINIC APPLICATION EVALUATION FORM\***

(\*Clinic Applicants: Please remember that 3 evaluations are required for your proposal)

**PLEASE TYPE OR PRINT CLEARLY**

Name of Clinician(s) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

School/University/Organization \_\_\_\_\_

Title of Clinic \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_

2. Have you previously heard this presentation?  Yes  No

3. If you answered 'yes' to question number two, when and where did you hear this presentation? \_\_\_\_\_

4. Is this clinician capable of meeting the organizational and financial requirements to present at the Midwest Clinic?

Yes  No  Not sure

5. Have you attended the Midwest Clinic?  Yes  No

Please check one of the following:

1. I recommend this clinic without reservation. \_\_\_\_\_

2. I recommend this clinic. \_\_\_\_\_

3. I do not recommend this clinic. \_\_\_\_\_

Evaluator's Name \_\_\_\_\_

School/University/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please use the area provided below and/or reverse side for additional comments. Midwest Clinic Board Members are not eligible to submit evaluations.*

Deadline date for recommendations: **Monday, March 10, 2014.**

**E-mail or fax form to: The Midwest Clinic**

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**Des Plaines, Illinois 60018-5831 USA**

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