



# Clinic Request Form

## Education

Date of Event:			
Clinician:			
Event Name:			
Support Request:			Is this a PAS-sponsored event?
Drumheads requested by clinician: (quantity / diameter/ type)			
Financial support pledged by other companies:	Company:		
	Amount:	\$	\$
Expected Attendance:			
Other Clinicians:			
Event Coordinator:			
Event Location:			
	(Street)		
	(City)	(State)	(Zip Code)
Event Contact:			
Tel:	( )		
Cell Phone:	( )		
Fax:	( )		
E-mail Address:			
Event Website URL:			
<b>Ship To Address:</b>			
<b>Attn:</b>			
	(Street) <b>No P.O. Boxes please!</b>		
	(City)	(State)	(Zip Code)

**Requests must be submitted AT LEAST thirty (30) days prior to the event.**  
Promotional materials provided by Remo, Inc. must be prominently displayed throughout the event.  
Door Prizes / Giveaway items must not be sold or bartered under any circumstance.  
The Remo banner must be displayed on stage, as close as possible to the clinician.  
 Remo, Inc. does not provide financial support to anyone other than the Remo artist(s).  
 Upon conclusion of the event, the Remo artist(s) shall invoice Remo, Inc. directly for the amount agreed upon.  
**As of June 1, 2012, the standard fee paid to all Remo Education Artist clinicians for PAS Days of Percussion is \$100.**

Please direct all correspondence to:  
 Bruce Jacoby  
 Manager of Education  
 Remo, Inc.  
 28101 Industry Drive  
 Valencia, CA 91355  
 TEL: (661) 294-5661

**SAVE ALL EDITS TO THIS FORM BEFORE SENDING**  
**\*\*\*THIS FORMED MUST BE E-MAILED TO BJACOBY@REMO.COM\*\*\***