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| **Clinic Request Form**  **Education** |

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| 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: |  | | | | |
| **Ship To Address:** |  | | | | |
| **Attn:** |  | | | | |
|  |  | | | | |
|  | (Street) **No P.O. Boxes please!** | | | | |
|  |  | | | | |
|  | (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 SAVE ALL EDITS TO THIS FORM BEFORE SENDING**  **TEL: (661) 294-5661 \*\*\*THIS FORMED MUST BE E-MAILED TO BJACOBY@REMO.COM\*\*\*** | | | | | |