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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\*\*\*** |