

Educational Clinic Support Request



11550 Old Main Street Loop Rd.
Houston, TX 77025
(fax) 713-314-1129
StaciS@promark.com

This form is to be completed and faxed or e-mailed to Pro-Mark, no less than **21 days** in advance of the event. Pro-Mark will list the event on the Website calendar and also arrange for a promotional shipment. After Pro-Mark's level of support has been determined, the endorser and host will be notified by either return fax or e-mail. Payment will be made directly to the artist unless other arrangements have been made and approved by Pro-Mark. **Please complete and print legibly or type the required information.**

Endorser Name: _____ Date Requested: _____

Social Security No: _____ Requested by: Host Artist

Event

Event Date: _____

- Master Class
 Clinic
 Other: _____ (pending approval by Pro-Mark)

Event Description: _____

(please include as much information as possible for our website—use additional pages if necessary)

Expected Number of Attendees: _____

Host: _____

Address: (for shipment of promotional items)

Phone: _____

Fax: _____

Email: _____

Retailer : _____
City, State: _____
Contact: _____
Phone: _____
Email: _____

____ I DO already have a banner
____ I DO NOT already have a banner

Financial Assistance

**This information is to be kept strictly confidential. Pro-Mark does not share Endorser's clinic fees or contributions made from other sponsoring companies or organizations*

Appearance Fee: _____

Host Contribution: _____

Other Contributions: _____

Amount Requested from Pro-mark: _____

I ____ HAVE ____ HAVE NOT filled out a W-9 for Pro-Mark (if not, you will be requested to do so)

Pro-Mark Use only:

Jenifer: promo shipment
Staci: support

Kelly: website