YAMAHA CORPORATION OF AMERICA
Education & Artist Relations Department
39 W. Jackson Place, Suite 150
Indianapolis, IN 46225
Phone: (317) 524-6270 Fax: (317) 636-7740

CLINIC SUPPORT REQUEST FORM

This form is to be completed and faxed to Yamaha, ATTENTION ARTIST RELATIONS, no less than 60 days in advance of the event date. Dealer participation is preferred in order to insure Yamaha's support.
Yamaha does not provide assistance for concerts or adjudications. Artists will be paid directly by Yamaha. After Yamaha's level of support has been determined, the host will be notified by phone; the artist will be notified by mail. The host is responsible for advertising and promoting the event. Thank you for your assistance.
*** IMPORTANT: Please be sure to include two addresses below for literature and promotion.**

Host Contacted:_____ _____

GENERAL INFORMATION

Participating Artist(s) _____ Today's Date _____

HOST INFO

Host or Contact Name: _____
Phone # : _____ Fax # : _____
E-mail Address: _____
***Mailing Address:** _____
(For literature) _____
_____
Local Dealer: _____
Dealer Contact: _____
Phone # _____ Fax # _____
Marketing Sales Consultant: _____

CLINIC INFO

Event Name and Description: _____
_____
_____
_____
Date: _____ Time: _____
*Location of Clinic: _____
Please give exact address of clinic _____
_____
_____
_____
Projected Clinic Attendance:

COSTS

Artist Fee.....	_____	Airfare	_____	***Paid by Host***
Amount paid by Host.....	_____	Lodging	_____	***Paid by Host***
Local Dealer Contributes.....	_____	Food	_____	***Paid by Host***
Other source(s) contributes.....	_____			
Other source(s) contributes.....	_____			
Amount Requested of Yamaha..	_____ Additional funded needed:			## _____

fully complete in order to proceed with consideration of your request.

FOR YAMAHA USE ONLY

BREAKDOWN

DM Contributes	_____	**DM Approval**	_____
Artist Relations Contributes	_____	**Artist Rel. Mgr. Approval**	_____

LITERATURE REQUEST (Must be submitted 4 weeks prior to event date.)

Submitted by
DM _____ **A/R Coordinator** _____ ***Date** _____
**(4 weeks before event date)*