

# 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