

YAMAHA CORPORATION OF AMERICA
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 _____

<p>H Host or Contact Name _____</p> <p>O Phone # _____</p> <p>S Fax # _____</p> <p>T E-mail Address _____</p> <p>I *Mailing Address _____ <small>(for literature to be sent) NO P.O. Boxes please</small></p> <p>N Local Dealer _____</p> <p>F Dealer Contact _____</p> <p>O Phone # _____</p> <p>Fax # _____</p> <p>Marketing Sales Consultant _____</p>	<p>C Event Name and Description _____</p> <p>L _____</p> <p>I _____</p> <p>N Date _____</p> <p>I Time _____</p> <p>C *Location _____</p> <p>_____</p> <p>_____</p> <p>(please give exact address of performance)</p> <p>I Projected Clinic Attendance _____</p> <p>N _____</p> <p>F _____</p> <p>O _____</p>
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COSTS

Artist Fee.....	_____	Airfare	_____	Paid by Host
Amount paid by Host.....	_____	Lodging	_____	Paid by Host
Amount requested from Yamaha.....	_____	Food	_____	Paid by Host

Please be sure that all of the above underlined request lines are 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	_____
Local Dealer Contributes	\$ _____		
Other source(s) contribute(s)	\$ _____		
Other source(s) contribute(s)	\$ _____		

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

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