



### CLINIC SUPPORT REQUEST FORM (USA ONLY)

This form is to be completed and faxed to DANSR, ATTENTION ARTIST RELATIONS, no less than 60 days in advance of the event date. Dealer participation is preferred in order to insure DANSR's support. Artists will be paid directly by DANSR. After DANSR'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 event. Thank you for your assistance.

DANSR Fax: 312-475-0958

\* IMPORTANT: Please be sure to include two addresses below for literature and promotion.

Host Contacted: \_\_\_\_\_

#### GENERAL INFORMATION

Participating Artist(s) \_\_\_\_\_ Today's Date \_\_\_\_\_

**H** Host or Contact Name \_\_\_\_\_  
**O** Phone # \_\_\_\_\_  
**S** Fax # \_\_\_\_\_  
**T** E-mail Address \_\_\_\_\_  
\*Mailing Address \_\_\_\_\_  
(for literature to be sent)  
NO P.O. Boxes please \_\_\_\_\_  
**I** Local Dealer \_\_\_\_\_  
**N** Dealer Contact \_\_\_\_\_  
**F** Phone # \_\_\_\_\_  
**O** Fax # \_\_\_\_\_  
Account Manager \_\_\_\_\_

**C** Event Name \_\_\_\_\_  
**L** Title and Description of Clinic \_\_\_\_\_  
**I** \_\_\_\_\_  
**N** Date \_\_\_\_\_  
**I** Time \_\_\_\_\_  
**C** \*Location (be specific!) \_\_\_\_\_  
\_\_\_\_\_  
**I** \_\_\_\_\_  
**N** (\*\*Important\*\*Exact address required for approval)  
**F** Projected Clinic Attendance \_\_\_\_\_  
**O** \_\_\_\_\_

#### COSTS

Artist Fee.....	_____	Airfare	_____	<b><i>Paid by</i></b>
Amount paid by Host.....	_____	Lodging	_____	<b><i>Paid by</i></b>
Amount from other sources.....	_____	Food	_____	<b><i>Paid by</i></b>
Amount requested from DANSR.....	_____	Food	_____	<b><i>Paid by</i></b>

*Please be sure that all of the above underlined request lines are fully complete in order to proceed with consideration of your request.*

#### FOR DANSR USE ONLY

#### BREAKDOWN

Artist Relations Contributes	\$ _____	Artist Rel/Brand Mgr. Approval	_____
Local Dealer Contributes	\$ _____		
Other source(s) contribute(s)	\$ _____		
Other source(s) contribute(s)	\$ _____		

#### LITERATURE REQUEST (Must be submitted 6 weeks prior to event date.)

Submitted by \_\_\_\_\_ A/R Coordinator \_\_\_\_\_ \*Date \_\_\_\_\_  
\_\_\_\_\_  
\*(Minimum 6 weeks before event date)