



# The Midwest Clinic

## Banner Order Form

**Midwest Clinic** Performance Category (please circle the category that applies to your Performing Group):

**Band**  
Full Orchestra  
String Orchestra

**Chamber Ensemble**  
Jazz Ensemble  
Percussion Ensemble  
Special Performer

School \_\_\_\_\_

Group Performing: \_\_\_\_\_

Director(s) Name(s): \_\_\_\_\_

Year of Recognition: \_\_\_\_\_

Number of Banners Ordered: \_\_\_\_\_ x \$285.00 each = \_\_\_\_\_

less 10% discount for 6 plus banners = \_\_\_\_\_

Subtotal = \_\_\_\_\_

Sales tax 8.25% (unless paid by tax exempt entry), Tax # \_\_\_\_\_ = \_\_\_\_\_

**Total Amount Due** = \_\_\_\_\_

### Shipping Information

Ship to: \_\_\_\_\_ Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Payment Information

Invoice School? Yes \_\_\_\_\_ No \_\_\_\_\_ Purchase Order #: \_\_\_\_\_

Invoice Organization? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of person authorizing: \_\_\_\_\_

If enclosing payment, please list check number here: \_\_\_\_\_

If paying by credit card: Name on credit card: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address of credit card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**If we have questions about the order, your contact information:**

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of person placing order: \_\_\_\_\_