

Fax this reservation form to 801-254-3139. For questions or more details, contact Dane Trimble at dane@classicalsinger.com; 877-515-9800.

COMPANY & ATTENDEE INFORMATION (Please Print)

Company/School Name: _____

Attendee 1 Name: _____ Email: _____

Attendee 1 would like to judge the National Rounds of the CS Vocal Competition.

Attendee 2 Name: _____ Email: _____

Attendee 2 would like to judge the National Rounds of the CS Vocal Competition.

(Please email any additional attendee names or changes to Dane Trimble at dane@classicalsinger.com.)

EXHIBITING

- Friday, May 26 - Sunday, May 28, 2017 \$695
Exhibiting Times TBD

Includes 6' x 30" skirted table. Exact set-up and exhibiting times will be sent later. Order forms for internet, electrical outlets, A/V, and other services will be sent and bill separately.



PRINT ADVERTISING

Ads are included in the combined Convention/May issue of *Classical Singer* magazine sent to more than 50,000 singers, teachers, and students in print and PDF form.

- Program Insert (only included at the event) \$495
- Full-Page color (8.5" x 10") \$745
- Half-Page (7.5" x 5") \$425
- Quarter-Page (3.7" x 5") \$295

- All ads in full 4/color
- Artwork deadline: April 1, 2017
- Send artwork to: dane@classicalsinger.com

CONVENTION CLASSES

Exhibitors may conduct one class for free and one additional class for \$245. Accompanists are billed additionally at \$60/hour. A Convention Class Information form will be sent to the presenter for details regarding audience type, class topic, and class date and time. For questions regarding the class, contact CS Convention Manager Jo Isom at jo@classicalsinger.com.

<p>CLASS 1 REQUEST (Free) <input type="checkbox"/> Yes, we want this class.</p> <p>Accompanist Needed (\$60): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Class 1 Presenter Name: _____</p>	<p>CLASS 2 REQUEST (\$245) <input type="checkbox"/> Yes, we want this class.</p> <p>Accompanist Needed (\$60): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Class 2 Presenter Name: _____</p>
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TOTAL: _____
(Exhibiting, Advertising, Class, and Accompanist Totals)

BILLING INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Credit Card Number: _____ Expiration Date: _____ CID Code: _____

PAYMENT: If you want to pay by check or PO, Classical Singer will invoice you upon receipt of the signed reservation form. Make any checks payable to Classical Singer. \$95 non-refundable; no refunds will be given after April 15, 2017. For questions, contact Marianne Johnston at 877-515-9800 or marianne@classicalsinger.com.

Signature: _____ Date: _____