NCMEA Sponsored Event				
Name of Event Chair				
Nailing Address				
Street	City	St	tate	Zip Code
-mail Address				
chool Phone	Cell Phone			
ecording Location				
ite Name				
ite Address				
Street	City	State	Zip Cod	le
On Site Contact				
Pate	Time			
Other Information				
ICMEA will provide				
Name of Company Providing Services				
Mailing Address				
Street	City	St	tate	Zip Code
-mail Address				
usiness Phone	Cell Phone			
lame of Technician for the Recording Session				
ecording Company will provide				
Please provide copies of	f all copyright paperwork f	or NCMEA fi	les.	
Signature of Company Representati	ive		Date	
Signature of NCMEA Student Event Cha			 Date	