



National Alliance of Market Developers, Inc.

P.O. Box 103 Jenkintown, PA 19046

215-224-1404 x 7 or 215-796-0206

Website: www.namdphiladelphia.com

ARTIST SHOWCASE APPLICATION AND AGREEMENT

JUNE MUSIC MONTH

THURSDAY JUNE 3, 2010

Time – 6:00 PM to 10:00 PM

First District Plaza - 3801 Market Street
3rd Floor Ballroom, Philadelphia, PA 19104

Please complete this **Application and Agreement** in its entirety.

Retain a copy for your records and mail the original with your payment. Thank You!

****This is a radio friendly show. Limited number of Performers.**

Company/Management Name:		
Contact Name:		
Title:		
Mailing Address:		
City:	State:	Zip:
Telephone: (Day)	(Cell)	(Evening)
E-mail address:		
Website address:		
Genre of Music/Entertainment (i.e. R&B, Gospel, Rap, Spoken word, Jazz, etc.):		
Number of Artists/Performers in Group:		
Any Additional Requirements – (mics, etc.) please indicate here:		
DETAILS: Each artist will perform (2) songs – not to exceed 3 minutes per song and/or <u>6 MINUTES TOTAL</u> . Any demo or preview tapes, CD's, DVD's must be forwarded and received prior to event. A VENDING TABLE will also be provided for label/artist promotional materials. YOU WILL RECEIVE CONFIRMATION OF YOUR ACCEPTANCE TO PARTICIPATE. If not accepted, your payment will be refunded.		

Showcase Info: This is a RADIO Friendly show! NAMD reserves the right to pull any artist at any time. Artist is to perform two (2) songs – not to exceed 3 minutes per song. Bring your performance CD's with TRACKS indicated.

A *Vending Table* is included in your registration for ARTIST/MANAGEMENT materials (6th table, fully skirted and (2) two chairs)

****Artist/Management must provide own name badges and signage. MIC check / set-up time: 4:00 pm to 5:30 pm**

WE ARE NOT ABLE TO HOLD ANY TABLE WITHOUT FULL PAYMENT.. (Fee will cover (2) two attendees only).. There will not be any refunds or credits for a NO shows

\$50.00 per Artist__ Independent

\$100.00__ Major Label Corporation

Payments Payable to NAMD-Philadelphia Chapter CASH_____ CHECK #_____

FAX form to (215) 224-1501 or **MAIL** to the ADDRESS ABOVE – Attn: Vera Primus

Credit Card (Circle One) Visa / Amex / MasterCard / Discover or Online @
(www.namdphiladelphia.com)

Credit card payment: Acct: #_____ Exp Date: _____ 3 Digit Code_____

Signature: