



LIVE MUSIC CALENDAR QUESTIONNAIRE FORM:

#1. (Billing Information)

Account Name:

Contact Name:

Address:

Phone Number:

#2 (Submit this information for a quote)

Venue Size:

Number of Weeks to Run:

Non Profit Status if applicable - Please provide your 501c3:

#3 (Event Information Format)

Event Name:

Presenter:

Who (up to 3 artists):

Where:

When:

Time:

(Please no addresses, phone numbers, ticket prices/info or websites - Event Underwriting is available for this information; contact Cathy Walker at cathy@wncw.org or 828-287-8000 ext. 1585.)

#4 Billing Information (Confidential and will not be shared by anyone)

Visa/Master Card/Check Card accepted: Contact Isothermal Community College 828-286-3636 ext. 1451 and speak to Debbie Melton.

OR

Please Bill Me: ()Yes