



---

Name of your organization

---

Your name

---

Your title (if any)

---

Address

---

City State Zip Code

---

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Phone number Fax number

---

complete e-mail address and website location

---

When is your presenting season/festival dates \_\_\_\_\_

---

What kind(s) of jazz do you NOT present?

---

Seating capacity of your venue(s) \_\_\_\_\_  
Annual jazz artist fees: \$ \_\_\_\_\_  
Average jazz artist fee: \$ \_\_\_\_\_  
Total annual artist fees (if you present other than jazz): \$ \_\_\_\_\_  
Annual attendance: \_\_\_\_\_  
Check here if your organization is non-profit \_\_\_\_\_

Checks payable to:

**Western Jazz Presenters Network**  
**PO Box 3162**  
**La Jolla, CA 92038-3162**