



Kick Off Party Registration Form

Name of Artist/Group _____

(Please attach a short biography)

Contact person handling your business (This is who we will communicate with):

Name _____ Email _____

Phone _____ Fax _____

Mailing Address _____

By completing this form you are agreeing to perform one song at the 2008 All Eyes On Me Achievement Awards kick off party. You understand that your time slot will be set by the kick off party coordinator and you agree to perform during that set time. You also agree to stay within the time frame you are given to perform without going over the allotted time. You agree to pay \$100.00 for your performance slot which will also include your artist/group name on the website. You will also receive *one* ticket to the kick-off party, workshops, award ceremony, and after party. If you would like a shared 4 foot product table you may enclose \$25 with your registration. No refunds once your slot is reserved.

Authorized Printed Name: _____

Authorized Signature: _____

Title: _____ Date: _____

You will be contacted upon receipt of this form and payment within 2 weeks. Performance times will be announced by June 11th, 2008.

Check this box for product table rental: \$25.00

Print and mail this form along with payment by May 15, 2008 to:

Exousia Productions
Attn: Kick Off Party Registration Dept
4930 Dacoma Suite C
Houston, TX 77092

Thank you!