

UConn School of Dental Medicine Facility Request Form

[Submit to Ms. Jennifer Lindquist via email at jlindquist@uchc.edu, by inter-office mail code 3915 or in person to suite AG-009 at least 4 weeks prior to the event]

Applicant: _____ Date: _____

Title of Event: _____ Date of Event: _____

Time of Event _____

SDM Organization or Division Sponsoring Event: _____

Target Audience: _____

Purpose of Event [Goal/Objectives]: _____

Presenter(s): _____

Facility Space Requested: _____

Will food be served? Yes _____ No _____

Source of funding: _____

Approval of Division Chair or SDM Organization Advisor/Program Director _____

Will any industry be represented at this function? No _____ Yes _____ [see below]

Name of Industry _____

Purpose of Industry Presence _____

Name of SDM Faculty Member that will insure Academic Industry Policy Compliance

Industry Representative has received handout on the SDM academic Industry Policy Yes _____ No _____

Reviewed by Associate Dean for Students: _____ Date: _____

Approved _____ Not Approved _____

Deferred _____, Additional Information Required