

UConn School of Dental Medicine Industry Policy Application Form

[Submit to Ms. Jennifer Lindquist at jlindquist@uchc.edu, by inter-office mail code 3905 or in person to suite AG030 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/Objective]: _____

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? Yes No [see below]

Name of Industry _____

Name of Industry Representative _____

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 _____