

**UConn School of Dental Medicine Industry Policy Application Form**

[Submit to Dr. Sarita Arteaga at [arteaga@uchc.edu](mailto:arteaga@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

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Reviewed by Associate Dean for Students: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Deferred \_\_\_\_\_ Additional Information Required