

UNIVERSITY OF MICHIGAN SCHOOL OF PUBLIC HEALTH
DISPLAY CASES: APPLICATION FOR EXHIBITION
109 S. OBSERVATORY, 1780 SPH I, ANN ARBOR, MI 48109-2029; PH 734.615.5630 FAX 734.763.5455

Name of Sponsor/Artist: _____	
Contact address: _____	
Contact telephone: _____	Email _____
Proposed dates of exhibition: _____	
Title of proposed exhibit _____	
Please attach a description/written statement of no more than one page about the theme, title, program, and purpose of the proposed exhibit, as well as photos of the proposed items to be displayed.	
Is this exhibit timed to coincide with an event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of event: _____	
Date of event: _____ Place _____	
Notice of Waiver:	
I (we) agree that the School of Public Health is not responsible for damage or loss of displayed works.	
I (we) agree to all terms in the School of Public Health Use Policy.	
Signature of applicant: _____ Date: _____	
*I (we) understand that <i>Scotch Brand Clear Mounting Squares</i> are the ONLY acceptable method of mounting artwork or artwork description tags on any surface. _____ initial	

Name of sponsoring SPH department/SPH student organization: _____	
Signature of SPH Exhibit Administrator: _____	
Date: _____	
Comments: _____	

SPH Waiver:	
*We agree to all terms in the SPH Exhibit Use Policy _____ initial	
*It is the responsibility of the sponsor to turn the display case lights on and off every day. _____ initial	
*We understand that <i>Scotch Brand Clear Mounting Squares</i> are the ONLY acceptable method of mounting artwork or artwork description tags on any surface. _____ initial	