

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? Yes 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 *Scotch Brand Clear Mounting Squares* 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 *Scotch Brand Clear Mounting Squares* are the ONLY acceptable method of mounting artwork or artwork description tags on any surface. _____ initial