

Cushing/Whitney Medical Library
Yale University

Exhibit Confirmation Form

Name: _____

Exhibit Title: _____

Dates of Exhibit: _____

Exhibit Procedures

Exhibitor signature: _____

Return form to:

Lynn Sette
Cushing/Whitney Medical Library
333 Cedar Street, P.O. Box 208014
New Haven, CT 06520-8014
Phone: 737-2963
Fax : 785-5636
lynn.sette@yale.edu