

National Institutes of Health  
NIH Health Disparities Exhibit  
**IN HOUSE-REGISTRATION FORM**

All sections must be completed

*NIH Employee: _____	
Institute or Center: _____	
Building: _____	Room: _____
Phone Number: _____	Fax: _____
E-Mail Address: _____	

In house, NIH Event: _____	
Building: _____	Location: _____
Date Exhibit Taken out: _____ (day/month/year)	
Date of Exhibit Return: _____ (day/month/year)	

Private/personal set-up and dismantle: Yes _____ No _____ if "No" then use MAPB.
** MAPB set-up and dismantle, X Number required.

\* *The person responsible for the safe-handling, travel to and from the event of the NIH Health Disparities Exhibit*

\*\* *MAPB- Medical Arts and Photography Branch. Can set up and dismantle the exhibit for an "In- House" on campus event. The person listed on this sheet (Institute/Center) is responsible for this cost, which requires an MAPB "X" number.*

