# **UNIVERSITY of HOUSTON**

## OFFICE OF THE PROVOST

Graduate School

# POSTER Application Cover Sheet

**Directions:** Complete all application components listed below and submit application packet <u>online</u> as a single PDF. Name the file as follows: StudentUHID\_LastName\_FirstName.pdf.

Check the list below to confirm that this application packet is complete by ensuring the following items are included:

- Poster Information
- Curriculum Vitae
- □ Signed Media Release Form

Application packet must be submitted no later than 5:00PM CST on September 1, 2017. Email gradschool@uh.edu with any questions or concerns.





## OFFICE OF THE PROVOST

Graduate School

## **Poster Information**

Title: Authors: (Author 1, Author 2) Affiliations: (Affiliation 1, Affiliation 2) What is the main contribution of the work presented? (Maximum 200 characters-no spaces):
Why are your results important for researchers? (Maximum 200 characters-no spaces):
Why are your results important for the general public? (Maximum 200 characters-no spaces):
Results: Add a figure from your results with an appropriate caption
In your opinion, what are the main challenges presenting a poster?

# UNIVERSITY OF HOUSTON - \_\_



#### AUTHORIZATION FOR USE OF IMAGE, VOICE, PERFORMANCE, ARTWORK OR LIKENESS

I, (printed name)(the "I piversity" - 2.00	amnonent inetit	permit and authorize the University of Houston -ution of the University of Houston System) and its employees,
agents, representatives, contractors, and per use my photograph, my voice or quotes/exc of my artwork, my name, alias, or biograph (hereinafter collectively referred to as "My lincluding instructional and/or educational various programs without compensation to means of various media, including, broadcast/rebroadcast, radio transmission brochures, placement on websites and/or of media, and I further understand that My Lithat the University has the right to make or other electronic reproductions of My Likenes	rsonnel who are erpts of my writical information. Likeness") for purposes, purposes, purposes, purposes in accordances referred to sire	e acting on behalf of the University to create and/or obtain and tten or verbally expressed words, my artwork or a photograph in, a video and/or audio recording or other likeness of myself surposes related to the educational mission of the University, blicity, marketing, and promotion of the University and its ind My Likeness may be copied/reproduced and distributed by nited to, video presentations, simultaneous television on, news releases, mail-outs, e-mails, billboards, signs, lelivery, publication, display, or promotion on any and all other subject to reasonable modification or editing. I acknowledge tographs, audio recordings, videotape or disk presentations, or with this Authorization for Use of Image, Voice, Performance, mply as "this Authorization"). I waive any right to inspect or
I relinquish and give the University all right This Authorization shall be binding upon my		erests in and to My Likeness, including any copyright therein. ors, assigns, and legal representations.
judgment, the University cannot warrant of University supervision or control. Accor- dissemination, reproduction, distribution, a alteration, distortion or illusionary effect of	guarantee tha dingly, I releas und/or display My Likeness, w	to use My Likeness in accordance with standards of good at any further dissemination of My Likeness will be subject to see the University from any and all liability related to the of My Likeness in print or any and all other media, and any hether intentional or otherwise, in connection with said use. It use of My Likeness which was granted in this Authorization.
I have read and understand the condition Likeness.	is of this Auth	orization for Use of Image, Voice, Performance, Artwork, or
Signature	Date	Age (if minor)
Printed or typed name	Phone	
Address	City/State/Zip	
CONSENT OF PARENT/LEGAL GUARDIAN I I am the parent and/or guardian of the abov on his or her behalf.		BOVE INDIVIDUAL IS A MINOR. reby consent and agree to the foregoing terms and provisions
Signature	Date	
Printed or Typed Name	Phone	
Address	City/State	/Zip
Man Madigiandian agains Barrey	1-6000	

Note: Modification of this Form requires approval of OGC

Office of the General Counsel Authorization of Use Image OGC-SF-2003-02 Revised 07.29.09 Page 1 of 1