UNIVERSITY OF WASHINGTON
ALCOHOL GIFT/CONTRIBUTION REVIEW FORM

UW Event Host: ________________________________
(Department name and mailbox number)

_______________________________________________________________
(Name of applicant, email address, telephone number)

Other Host (if applicable):
_______________________________________________________________
(Name of organization/company)

_______________________________________________________________
(Name of contact person, email address, telephone number)

Alcohol Industry Sponsor(s):
_______________________________________________________________
(Name of organization/company)

_______________________________________________________________
(Name of contact person, email address, telephone number)

Total Value of Contribution: ________________________________
(Cash donation or estimated value of the services or product donated)

Name of Event/Activity: ________________________________
(Name, date, time and location)

Description of the Event: ________________________________

Description of Alcohol Sponsor’s Participation and/or Give-aways: ________________________________

Proposed Publicity: ________________________________

Will give-aways or publicity include the UW logo or seal? ___Y___N If yes, review by the UW Trademarks and Licensing Office is required. Applicant should call 206-685-8600.

Return completed form to the Office of Special Programs (Box 352230 or sprogram@uw.edu). Approval or denial of the request will be communicated by email within two weeks after the receipt of this form.

Approved (Lincoln Johnson): ________________________________
Applicant Signature: ________________________________
Date: ________________________________
Date: ________________________________