



**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 351241 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 (Gus Kravas): _____
Date:

Applicant Signature: _____
Date: