ALCOHOL SERVICE REQUEST FORM
University of Kansas School of Medicine – Salina
Approval required pursuant to the KU policy on Alcohol Service at Events

To: SOM-S/SON-S Dean’s Office, 138 N. Santa Fe, Salina, KS 67401
   Fax #: (785) 822-0450
   Email: ____________

From: ____________________________
   Fax #: ____________
   Email: ____________

Date: ____________________________

Event Information
Name of sponsoring unit: ____________________________
Event date: ____________________________
Event start/end times: ____________________________
Event purpose: ____________________________

Who will be attending? □ Faculty □ Staff □ Students □ Other: ____________
Expected attendance: ____________________________
Location: □ Lobby, Room 101 □ Community Room, Room 001

Type of alcoholic beverages to be served: □ Beer □ Wine □ Sherry

Name of licensed vendor that will be providing and serving alcohol: ____________________________
Name of person responsible for enforcing regulations (linked above):
Printed Name: ____________________________
Title: ____________________________
Signature: ____________________________

Name and signature of person completing this form:
Printed Name: ____________________________
Title: ____________________________
Signature: ____________________________

*Form must be submitted for approval prior to public announcement, but in no case less than three weeks before event. Completed forms will be maintained by the SOM-S or SON-S Dean’s Office. Please have a copy of your approved alcoholic beverage request form available at your event.

Request Form Approvals

<table>
<thead>
<tr>
<th>Assistant Dean, Administration/Operations</th>
<th>Date</th>
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<tbody>
<tr>
<td>Dean, SOM-S or Assistant Dean, SON-S</td>
<td>Date</td>
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