

Graduate Student Event Registration Forms

COVER SHEET

SUBMIT TO: Center for Alcohol and Other Drug Educate (CADE)
Thurston Hall, Suite 113, 1900 F Street, NW Washington, DC 20052
FACSIMILIE: 202-994-2020

**Submission of this request form does not constitute registration of the event. Confirmation of registration will be sent via email and will be posted on the Event Registration section of the CADE web site (gwired.gwu.edu/cade)*

Today's Date _____ Date of Event _____ Day of Event _____

There must be at least 5 business days between the day of application submission and the event date.

Event Title _____

Sponsoring Organization _____

Please Indicate Appropriate Category

____ Student Organization (Not Social Greek); ____ Student Organization (Social Greek)

EVENT DATE & TIME

From: _____ a.m./p.m. Day of Week **Beginning** Date of Event. _____
(MM/DD/YY)

To: _____ a.m./p.m. Day of Week **Ending** Date of Event _____
(MM/DD/YY)

Person Submitting Request

First Name Last Name Email Address

(____) _____
(Area Code) Telephone Number

(____) _____
(Area Code) Facsimile Number

ATTENDEES

Anticipated Attendance _____

Percentage of Attendees Who are of the Legal Drinking Age _____ %

Percentage of Attendees Who are Members of the GW Community _____ %

RAM Training (RAM-trained representatives must be present for the duration of the event).

How many Responsible Alcohol Manager(s) will be in attendance _____
(Must have 1 RAM-trained individual per 20 guests)

SAT Advisor Initials _____

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Student Advising Team (SAT) Advisor

(Please Print) First Name Last Name

(_____) _____ (_____) _____ _____
(Area Code) Telephone Number (Area Code) Facsimile Number Email Address

ADVISOR: Your signature indicates that you have reviewed the request and are satisfied that the student group or organization is in compliance with The George Washington University Alcoholic Beverage and Distribution Policy.

Student Advising Team Advisor Signature

The following are requirements that must be submitted for this application to be approved.

- Completed Application**
- Signature/Approval of SAT Advisor**
- # of RAM Trained = _____**
- Third Party Vendor Agreement**
- Security Confirmation**

SAT Advisor Initials _____