

REQUEST FOR USE OF ALCOHOL AT AN MBL EVENT

Please refer to MBL Policy G.1.12 and accompanying Procedure for G.1.12 dated May, 2015

MBL Event/Conference/Course Name:

Date(s) of Event (mm/dd/yy): _____ **Description of Event:** _____

Start Time (hh:mm): _____ **End Time (hh:mm):** _____ **Location:** _____

AM PM AM PM

Responsible Individual: *Must be present during the entire duration of the event (s)*

Full Name: _____ **Title:** _____

E-mail: _____ **Cell Phone:** _____

Will this event be catered and/or have a TIPS-trained bartender and security person present? Yes No

If yes, have arrangements been made with Sodexo/ another vendor? Yes No

As the person principally responsible, I commit to the following:

1. There will be no alcohol in any laboratory space. Alcohol use will be restricted to the approved areas as designated above.
2. No MBL funds will be used to purchase alcohol unless from a gift explicitly designated for such use and as specifically authorized by the MBL President and Director or Chief Operating Officer.
3. No one will purchase alcohol for this event using an MBL account or the MBL tax-exempt number.
4. Only beer and wine may be served. Non-alcoholic beverages must also be served.
5. Only those who are affiliated with this event (course, workshop, etc.) will attend and have alcohol available to them. All consumption will be restricted to individuals 21 years of age and older. MBL staff are authorized to monitor the activities of this event.
6. The individual (names above) will be present for the duration of the event and is responsible for all conduct and for adhering to the relevant policies and procedures.
7. All attendees will wear their MBL Id cards, clearly visible, and will restrict their alcohol use to the designated room for the designated time period.
8. All event-related materials, including all alcohol containers, will be secured or disposed of properly at the conclusion of the event. Alcohol will be locked up by the responsible individual prior to and after the event.

I commit that I have read these documents and will adhere to all relevant policies and procedures related to use of alcohol at the MBL.

Printed Name _____ *Date* _____

Signature _____ *Center Director Signature (if needed)* _____

Approval: _____

Paul Speer, Chief Operating Officer/designee _____ *Date* _____