



Albert Einstein College of Medicine

Registration for Off-Campus Student Event Serving Alcohol

Name of Sponsoring Student Organization or Club: _____

Name/Date and Time of Event: _____ Location of Event: _____

Anticipated Number of Guests: _____

Names and Emergency Cell Phone Numbers of Two Non-Alcohol Consuming Monitors at Event:

1. Monitor Name: _____ Cell Phone: _____

____ Medical Division Class Year: _____

____ Graduate Division ____ Post Doc ____ Other

2. Monitor Name: _____ Cell Phone: _____

____ Medical Division Class Year: _____

____ Graduate Division ____ Post Doc ____ Other

Acknowledgement of Monitors:

I acknowledge that I have read and understand Einstein's [Student Activities Alcohol Policy, ACT-POL-2018-002](#), and agree to abide by its terms and conditions. I agree that I will:

- Attend the event from start to finish and refrain from consuming alcohol during the Event.
- Communicate immediately with Einstein Security if there are any problems with students, guests, or other individuals, or any violations of any Einstein policy.
- With respect to uninvited guests, immediately ask Einstein to remove them from the premises.
- Remain until all of the alcohol is packed up and appropriately put away in a secure location, and work with Einstein Security to ensure that this is completed promptly following the event.

Monitor: _____ Signature: _____ Date: _____

Monitor: _____ Signature: _____ Date: _____

On Behalf of the Sponsoring Student Organization or Club

Name: _____ Signature: _____ Date: _____

On Behalf of the Office of Student Activities

Name: _____ Signature: _____ Date: _____