



CONFERENCE AND MEETING FACILITIES

CLIENT RESERVATION REQUEST FORM

TODAY'S DATE __ / __ / _____

NEWTON CONFERENCE CENTER: 100 BOB WILLIAMS PARKWAY, COVINGTON, GA 30014

DEKALB CONFERENCE CENTER: 495 NORTH INDIAN CREEK DRIVE, CLARKSTON, GEORGIA 30021

CUSTOMER INFORMATION

CONTACT NAME _____

COMPANY / ORGANIZATION NAME: _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE (_____) OTHER PHONE (_____)

E-MAIL _____

REQUESTED EVENT DATE _____ DAY OF WEEK _____

NAME / TYPE OF EVENT: _____ ESTIMATED NUMBER OF GUESTS: _____

Note: Over 225 guests, may require an additional deposit.

EVENT OR NAME FOR SIGNAGE? _____

HOW DID YOU HEAR ABOUT US? _____

SEND EMAIL ME INFORMATION ABOUT UPDATES AND PROMOTIONALS? YES NO

IMAGINE YOUR EVENT. Your Way.

conferencecenters@gptc.edu

DIRECTOR, CONFERENCE CENTER OPERATIONS

Julie McKay

404.297.9522, EXT. 1800

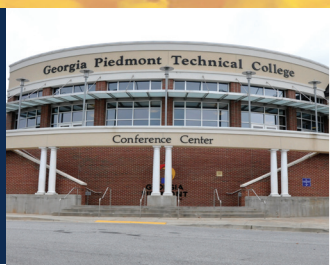
mckayj@gptc.edu

DEKALB CONFERENCE CENTER

Damita Young

404.297.2432

youngd@gptc.edu



NEWTON CONFERENCE CENTER

Kevin Lane

770.784.3003

laneke@gptc.edu

EVENT COST INFORMATION

Total time = 6 hrs, 8 hrs. or 10 hrs.

Your "total time" includes decorating, caterer set up, cake delivery, your event, and clean-up. All clean-up is complete by the time we close the building. If more time is needed, additional hours can be purchased in advance. See rate sheet for details.

- 1. Open Building: _____ AM PM Total Hours _____
 - 2. Event Starts: _____ AM PM Total Hours _____
 - 3. Event Ends: _____ AM PM Total Hours _____
 - 4. Close Building:: _____ AM PM Total Hours _____
- Total Hours for Event** _____

ADDITIONAL COSTS

- Podium
- One Projector (2 hrs)
 - Projectors 2+ hrs. \$ _____ \$50/hr.
- CD DVD *Laptop \$ _____ \$25 ea.
- Breaks (including snacks) *\$ _____
- Power Strip/Ext. Cords * \$ _____ \$5 ea.
- Rectangle Round Tables
- Skirts w/ Food \$ _____ \$15 ea.
- Table Linens \$ _____ \$10 - \$15 ea.
- Table Skirts (Non-food)
- Coffee Service \$ _____ \$1.25/ cup
- Rehearsal \$ _____ \$100/ hr.
- Vendor Table \$ _____ 5+ \$10/ea.
- Police Officer \$ _____ \$250 4/hrs.
- Security Guard \$ _____ \$175 4/hrs.
- Easel - _____ (1 No charge; 2+ \$5 ea.)
- Flip Chart / Dry Erase \$ _____ (2+ \$5 ea.)
- Line Out \$ _____ \$50
- AV Tech \$ _____ (\$250) Special AV needs
- Teleconferencing \$ _____ Special AV
- TV / Automatic Screen
- Stage w/skirting * \$ _____ \$100 ea.
- Backdrop ONLY * \$ _____ \$20 ea.
- Atrium \$ _____ (as is) \$150 1 hr; \$200 2 hrs;
Weddings/Special Layout/Total Event - \$350
- Music Band DJ CDs
- Exec Suite \$100 Both \$150
- Breakfast Lunch Dinner * \$ _____

CHOOSE YOUR SETUP STYLE

- Hollow Square Classroom Theater
- U Shape Board Room Reception (very little seating)
- Banquet Other (Attach sample) * Vendor Tables # _____ \$ _____

* We allow four (4) skirted vendor tables in pre-function/atrium area at no charge. The fee is \$10 per table for 5-24 tables.

- 1. Will you serve beverages containin alcohol? YES NO
- 2. Is this a party for teens or young adults under the age of 25? YES NO

Please note: If you answered YES to either question, a polica office is required.

EVENT COST INFORMATION

Please send any special notes or instructions to Conference Center Personnel here:

I understand that this reservation is not binding until the signed agreement, the \$200 refundable deposit and 25% of the rental fee has been received by Conference Center @ GA Piedmont Tech personnel. I (we) have received a copy of the Facilities Rental Agreement and agree to accept and abide by the Conference Center's policies and procedures therein. I (we) further agree to accept and abide by all the policies of the Technical College System of Georgia as well as the laws of the State of Georgia.

To be completed by Conference Center personnel:

Special Rate: Fed & Local Gov't/ School/ 501c3 - 25% disc; St. Gov't / Employee - 50% disc.;

Other _____

Date Confirmed: ____ / ____ / ____ By: _____ Room No: _____

Rental Agreement Signed: _____

Sent to COO: _____ Returned: ____ / ____ / ____

Room: \$ _____ Deposit: \$200 Extra Deposit: \$ _____

Exec Ste: \$ _____ \$ _____ both

Atrium: \$ _____ 1 Hr./ \$ _____ 2 Hrs. / \$ _____ Other \$ _____

Camera: \$ _____ Coffee: \$ _____

Dedicated AV Tech: \$ _____ Extension Cord: \$ _____

Flip/DryErase/Easel: \$ _____ Linen: \$ _____ (all types) Laptop: \$ _____

Non Catering Fee: \$ _____ Podium: \$ _____

Police Officer: _____ / 1; \$ _____ / 2

Projector: \$ _____ (3+hrs) Rehearsal: \$ _____ Security Guard: \$ _____

Stage: \$ _____ Teleconferencing: \$ _____ Vendor Tables: \$ _____ (5+)

TOTAL INITIAL QUOTE: \$ _____

LIST REASON AND AMOUNT OF ADDITIONAL FEES:

!. _____ \$ _____

TOTAL FEE \$ _____

I agree to pay the above quote for rental space and items requested and recognize that changes may occur during my planning period. I accept and understand that all funds are due 30 days or more from the event date.

CUSTOMER SIGNATURE: _____ DATE / ____ / _____

We prefer credit/debit cards, money orders or cashier's checks. We do accept checks.
Make payable to: GA Piedmont Tech (Notes: Conference Center).

* Please write Driver's License, home & work #, and address on check. Starter checks are not accepted.

1st Payment: \$ _____ (\$200 refundable) on ____ / ____ / ____ Check # _____

Recv'd by: _____

Other Payments: \$ _____ on ____ / ____ / ____ Check # _____

Recv'd by: _____

\$ _____ on ____ / ____ / ____ Check # _____ Recv'd by: _____

\$ _____ on ____ / ____ / ____ Check # _____ Recv'd by: _____

\$ _____ on ____ / ____ / ____ Check # _____ Recv'd by: _____

\$ _____ on ____ / ____ / ____ Check # _____ Recv'd by: _____

\$ _____ on ____ / ____ / ____ Check # _____ Recv'd by: _____

\$ _____ on ____ / ____ / ____ Check # _____ Recv'd by: _____

Total Amount Paid: \$ _____

W9 on file: YES NO Retained by: _____ on ____ / ____ / ____

Requested Refund Date: ____ / ____ / ____ Amount: \$ _____

CATERER

PREFERRED NAME

OTHER NAME

EXTRA FEE PAID Caterer paperwork received Date recv'd: ____ / ____ / ____

FAMILY/GROUP FOOD Rental Waiver signed Date recv'd: ____ / ____ / ____

DECORATING INFO Day and Time to arrive: _____ Layout received

SECURITY Order confirmed Providing Own

Off Duty Release Form Received and attached Forwarded copy to Police Chief

HOTEL Are you in need of a hotel? YES NO

Based on needs, refer them to contacts at hotels on our list. Later, inquire if they used one of our referrals.

If so, which one? _____

