

Newton Conference Center @ GPTC

CLIENT Reservation Request Form

8100 Bob Williams Parkway Covington, GA 30014 770.784.3003

TODAY'S DATE: **CONTACT NAME:**

COMPANY / ORGANIZATION NAME:

WORK PH: **ALT. PH:**

ADDRESS: **CITY:** **ZIP:**

Email: **How did you hear about us?**

EVENT DETAILS:

Requested Date for Event:

Name / Type of event:

Estimated number of guests:

Doors Open at:

Event Starts at:

Events Ends at:








Doors Close at:

Total time=6 hrs (1/2 day) or 12 hrs (1 day)

Please choose needed items. (* Items not included in basic rental fee)

- | | |
|---|--|
| <input type="checkbox"/> LCD Projector/screen | <input type="checkbox"/> Flip Chart |
| <input type="checkbox"/> Dry Erase Board | <input type="checkbox"/> Microphone w/ Podium |
| <input type="checkbox"/> DVD/VCR | <input type="checkbox"/> Coffee \$8 per pot*\$ <input type="text"/> |
| <input type="checkbox"/> TV | <input type="checkbox"/> Ice needed |
| <input type="checkbox"/> Power Strip/Ext. Cords * \$ <input type="text"/> \$5ea | <input type="checkbox"/> Stage * \$ <input type="text"/> up to \$200 |
| <input type="checkbox"/> Rectangle Tables # <input type="text"/> w/ <input type="text"/> chairs | <input type="checkbox"/> Brief Atrium Use (as is) *\$ <input type="text"/> (\$100) |
| <input type="checkbox"/> Round Tables # <input type="text"/> w/ <input type="text"/> chair | <input type="checkbox"/> Registration Tables in Pre-function Area |
| <input type="checkbox"/> Table Linens *\$ <input type="text"/> \$10 ea. | <input type="checkbox"/> Dance floor * \$ <input type="text"/> up to \$400 |

Please choose your setup style.

- | | |
|--|--|
| <input type="checkbox"/> Hollow Square  | <input type="checkbox"/> Classroom  |
| <input type="checkbox"/> Theater  | <input type="checkbox"/> U Shape  |
| <input type="checkbox"/> Board Room  | <input type="checkbox"/> Reception  |
| <input type="checkbox"/> Banquet  | <input type="checkbox"/> Other - Attach sample (* May be extra fee) |

Will you serve beverages containing alcohol? No Yes Please refer to the Rental Agreement.

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

Please initial below:

I (we) have received a copy of the Facilities Rental Agreement and agree to accept and abide by the CC's policies and procedures therein. I (we) further agree to accept and abide by all the policies of the Georgia Department of Technical and Adult Education as well as the laws of the State of Georgia.

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 personnel.

To be completed by Conference Center personnel:

Space Confirmed on _____ By: _____ ROOM #: _____

Room Quote: _____ Deposit: \$ 200 Extras: \$ _____

Armed Security Guard: \$ _____ Regular Security Guard \$ _____

TOTAL Initial Quote: \$ _____

Deposit: \$ _____ (\$ _____ refundable) on _____ by Check Recv'd by:

Payments: \$ _____ on _____ by Check Received by:

\$ _____ on _____ by Check Received by:

Payment received in Business Office by: _____ on _____

Payment received in Business Office by: _____ on _____

Requested Refund : Date: _____ Amount: \$ _____