

PIEDMONT TECHNICAL COLLEGE EDGEFIELD COUNTY CAMPUS COMMUNITY CONFERENCE CENTER

CONFERENCE CENTER RATES

FULL DAY RATES

| | |
|------------------------------------|----------|
| Private sector organizations: | \$200.00 |
| Public / Non-profit organizations: | \$150.00 |

HALF DAY RATES (UP TO 4 HOURS)

| | |
|---|----------|
| Private sector organizations: | \$100.00 |
| Public sector / Non-profit organizations: | \$ 75.00 |

SATURDAY RATES

| | |
|--------------------|----------|
| Private or Public: | \$350.00 |
|--------------------|----------|

ROOM RENTAL FEE INCLUDES TABLE AND CHAIR SETUP, VARIOUS ARRANGEMENTS POSSIBLE.

Room rental fee also includes use of the following equipment which is available on site:

- VHS VCR and monitor
- 2 easel stands and 2'x3' writing pads for easels
- Portable dry erase board for easels, dry-erase markers and eraser
- Overhead projector
- Projector screen
- PA system
- Podium

All equipment arrangements need to be made one week in advance.

Coffee and soft drinks are available at a charge of \$.50 per person, full or half day. This includes coffee already made, condiments, cups and ice, set up on a table, ready to serve. Photocopier is available at \$.10 per page. Catering is available at an additional cost. Drink machines and snack machines are accessible on site. Parking is available in the front & rear of the building. This is a non-smoking facility.

FOR FURTHER INFORMATION CONTACT THE EDGEFIELD
COUNTY CAMPUS AT (803) 637-5388.



Your goals. Our mission.

Billing for:
Edgefield County Campus
CONFERENCE CENTER
**this is a smoke-free facility*

Piedmont Technical College - Edgefield County Campus
506 Main Street • Edgefield, SC 29824
Phone: (803) 637-5388 • Fax: (803) 637-9166

Company Name & Address: _____

Contact Person: _____

E-mail Address: _____

Telephone: _____

Fax: _____

Dates of Usage: _____

Time: _____

Room Number: _____

Equipment Needed: _____
(LCD/Laptop, TV/VCR
Overhead Projector, Flip-Chart)

Number of People: _____

Coffee & Soft Drinks: _____

Catered Refreshments: _____

Refreshment Total: _____

Meals & Snacks: _____

Room Charge: _____

Copies (\$0.10 per page): _____

Special Set-Up: _____

Please email completed form to: **holmes.s@ptc.edu** or print out form and mail to the address below:
Sherry Holmes • 506 Main Street • Edgefield, SC 29824