



ORANGEBURG COUNTY CONFERENCE CENTER

Event Booking Form

Name of Event: _____

Date of Event: _____

Event space required: Entire Ballroom Ballroom A Ballroom B

Starting Time: _____ End Time: _____

Expected number of guests: _____

Amount needed: Round tables _____ Chairs _____ 8ft rectangle tables (max. 10) _____

6ft rectangle tables (max.10) _____ Cocktail tables (max. 10) _____

AV required: Yes _____ No _____

Type of Event: (i.e., conference, wedding, reception, birthday party, graduation/ graduation party, summit, meeting, etc.)

Additional Notes (Please let us know more about your event below)

CONTACT DETAILS

Company Name: _____

Contact Name: _____

Contact Email: _____

Contact Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

*Thank you for completing this form and submitting it to the Conference Center.
Please email and/or call us to schedule a tour:*

events@orangeburgcounty.org

(803) 515-1671