



**PGCC**  
PENN GRANT CONFERENCE CENTER



(PGCC)

## Terms and Conditions

### **Cancellation Notice Received:**

- More than 45 days prior
- 16 – 45 days prior
- 3 days - 15 days prior
- 0 -2 days prior

### **Percentage of Revenue to be Charged:**

- 0% of room rental / 0% Catering
- 25% of room rental / 0% Catering
- 50% of room rental / 0% Catering
- 100% of room rental / 100% Catering

### **Guaranteed Counts:**

- Guaranteed counts are due by noon the Thursday before your event.

### **Additions, Changes or Deletions:**

- Notification of additions, changes or deletions to room set-up or equipment must be given to the Pennsylvania Medical Society two (2) business days prior to the event.
- Notification of additions, changes or deletions to catering count must be given to the Pennsylvania Medical Society three (3) business days prior to the event.

### **Catering:**

- Less than 20 people a group is permitted with prior permission to arrange their own food. Such as; Panera, Dunkin Donuts, Star Bucks, ect. The group is then responsible for clean-up and removal of any leftover food and beverages.
- More than 20 people group must use PGCC contacted caterer for all food and beverages and adhere to its policy's and minimums.
- Alcoholic beverages of any kind are strictly prohibited.

### **Audio Visual (AV):**

- Group may use PGCC AV equipment at the schedule pricing or they group bring own audio visual equipment. Groups using own AV equipment would not be permitted to connect to PGCC AV equipment and PGCC will not provide technical support for group owned AV equipment.

### **Insurance and Indemnifications:**

- Pennsylvania Medical Society and client each agree to carry adequate liability and other insurance protecting itself against any claims arising from any activities arising out of or resulting from the respective obligations pursuant to the agreement. Client must provide certificate of insurance showing adequate insurance coverage.

### **Hold Harmless:**

- The exhibitor indemnifies and agrees to hold harmless the sponsoring and operating association Pennsylvania Medical Society and the legal entities which own, lease, and/or operate Penn Grant Centre there members, officers, directors, and employees against any and all damage to property or personal injury or loss caused by the exhibitor or his agents, representative, employees or any other person incurred during published event hours. The exhibitor assumes complete responsibility and liability for all injury to any and all persons or property or in any way connected with the exhibitors display caused by the exhibitor, his agents, representatives, or employees incurred during the published event hours.

### **Force Majeure/Excused of Performance:**

- No damages shall be due for a failure of performance occurring due to Acts of God, war, government regulation, disaster, or strikes which make performance impossible.

**Smoking and Vaping Policy:**

- Smoking and Vaping is restricted inside or at the main entrance of the building. The designated smoking area for the building is located to the rear of the building where the gazebo and picnic table are located. Ash urns are provided for your use and convenience.

**Conference Center Sole Use:**

- PGCC is an event space for rent to the public. The facilities will be rented as space is available and will not guarantee sole rent to anyone company/client on a given day unless specifically negotiated and charged.

**Deposit:**

- **No deposit required**

**Billing Procedures:**

- Provided a valid Pennsylvania Sales and Use Tax Exemption Certificate is presented, tax exemption status will be honored for valid charges for which the organization will remit payment directly to Pennsylvania Medical Society. A copy of the Exemption Certificate must be forwarded to Pennsylvania Medical Society prior to arrival date.
- Master account billing will sent via mail directly to the meeting planner upon conclusion of each meeting. Balance is due (30) thirty days from statement date. The Pennsylvania Medical Society charges 1.5% late payment charge on all accounts over thirty (30).

**Group Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name (Print):** \_\_\_\_\_

**Title:** \_\_\_\_\_

ecb/Facility/Conference Center/Terms and Conditions  
11/1/2016