

**Buena Vista Conference Center
Use Agreement**

Name of Person Responsible for Payment _____

Phone # _____ **Fax #** _____

Email address _____

User _____

Date of Event _____ **Site** _____

Food Services Requested (additional cost, refer to fee schedule):

- | | |
|--|--|
| <input type="checkbox"/> Beverage Service | <input type="checkbox"/> Lunch |
| <input type="checkbox"/> Continental Breakfast | <input type="checkbox"/> Snack Basket |
| <input type="checkbox"/> Optional breakfast add-on | <input type="checkbox"/> Afternoon Cookie Tray |

Additional Comments/Requests:

I have read and agree to the terms and conditions of this contract. (Sign & date)

After completing and signing this Use Agreement, please email the form to pam.swain@state.de.us or fax to (302) 323-4407. *A reservation is considered confirmed upon receipt of completed and signed Use Agreement.*