

# June 21-28, 2024 Painting in Provence with Bernie Dellario

Workshop Price: \$3500 based on double occupancy room.

Your Complete Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip Code (postal Code)/ Country \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Any known food allergies? If so, please list here: \_\_\_\_\_

## Payment Information

Payment may be made by any of the following methods (circle one): personal check (preferable), Visa, MasterCard or wire transfer.

A 25% (of the total tour cost) deposit per person is required to hold your spot. The balance is due 60 days prior. (April 21)

An installment plan is available upon request.

Credit Card Holder Name (exactly as it appears on the card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

\_\_\_\_ Credit Card Holder Name (exactly as it appears on the card): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3 Digit Code on back of card \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Zip code: \_\_\_\_\_

Card Holder

Signature \_\_\_\_\_

## About Cancellations:

We understand that life events happen which may result in your having to cancel your trip. We recommend purchasing traveler's insurance

if you are concerned about the possibility of a cancellation. It is reasonably priced and easy to purchase.

[www.travelinsurance.com](http://www.travelinsurance.com) can

offer quick quotes and a variety of coverage options. Your local travel agent would also be a good resource for more information about

insurance options.

Cancellation Policy: Your signature below is an acknowledgement that you understand and agree to our cancellation policy. If the trip is

cancelled due to a lack of participation or a prohibition to enter France, all deposits and payments would be fully refundable.

- The initial deposit, is non-refundable.\*..

- 60-45 days prior to departure: cancellation fee is 50% of the total tour price.\*

- 45 days prior to departure : cancellation fee is 100% of tour price. \*

\* unless we find someone to take your place

My signature acknowledges that I understand and agree with the terms set out here by Lavender and Vine LLC.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Lavender & Vine LLC- Washington D.C.

Please send this form to: Lavender and Vine LLC

3426 16th Street NW #508

Washington, DC 20010

Or if sending via email:

[josievosoba@gmail.com](mailto:josievosoba@gmail.com) \_\_\_\_\_