June 9-17, 2024 Painting in Provence with Pattee Hipschen \$3500 Workshop Fee

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. (March 30)

An installment plan is available upon request.

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

Credit Card Number:

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. <u>www.travelinsurance.com</u> 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.

<u>Cancellation Policy:</u> 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:_____Date:____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:____Date:_____Date:____Date:_____Date:____Date:_____Date:____Date:____Date:____Date:_____Date:____Date:____Date:_____Date:___Date:___Date:___Date:____Date:____Date:____Date:____Date:____Date:___Date:____Date:___Date:___Date:___Date:___Date:___Date:___Date:___Date:___Date:__Date:__Date:__Date:__Date:__Date:__Date:_

Lavender & Vine LLC- Washington D.C.

Please print, fill out and send this form to: Lavender and Vine LLC 3426 16th Street NW #508 Washington, DC 20010 Or if sending via email: josievosoba@gmail.com