

June 15-23, 2025 Painting in Provence with Bethanne Kinsella Cople

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: _____

Roommate's name _____ If no one in mind, we can help with this.

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 15)

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.

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, unless we can find another student to take your place.
- 60-45 days prior to departure: cancellation fee is 50% of the total tour price, unless we can find someone to take your place
- 45 days prior to departure : cancellation fee is 100% of tour price, unless we can 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 _____