



## Registration Form:

Instructions: please fill out, sign and return to  
*Il Chioistro* by fax [858-712-3329] or mail:

23 W. 73<sup>rd</sup> Street, #306, NY, NY 10023 USA

Program Title: \_\_\_\_\_

Program Dates: \_\_\_\_\_ Price: \_\_\_\_\_

Accommodation Type: (subject to availability) \_\_\_\_\_

Name(s): \_\_\_\_\_

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

Telephone(s): Home: \_\_\_\_\_

Work or cell (circle one): \_\_\_\_\_

E-mail: \_\_\_\_\_

We send all correspondence about your program via email in MS Word. Please indicate whether you can accept that:

Yes, send future correspondence via email \_\_\_\_\_

No, I prefer to receive all program correspondence via regular mail \_\_\_\_\_

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**Payment:** *Non-refundable \$500 deposit per person required to reserve your place.*

Amount: US \_\_\_\_\_  Check  Credit card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card (if different from registrant): \_\_\_\_\_

Signature

Date

*Il Chioistro, Inc.* cannot accept responsibility for personal loss or injury.

**Cancellation Policy:**

*\$500 deposit non-refundable.* For cancellation:

- 60 days prior to workshop, full refund due less non-refundable deposit,
- 30-60 days prior to workshop, 50% refund of balance paid allowed, less non-refundable deposit,
- less than 30 days prior to workshop, **no refund due.** *Il Chioistro* recommends personal travel insurance to cover the possibility of unexpected cancellation.