



Registration Form:

Instructions: please fill out, sign and return to
Il Chioistro by email: Michael@ilchioistro.com
or mail to: 36 Boulder Road, Upper Black
Eddy, PA 18972

Program Title: _____

Program Dates: _____ **Price:** _____

Accommodation Type: (single room or double) _____

Name(s): _____

Address: _____

Telephone(s): _____

Alternate: _____

E-mail: _____

We send correspondence about your program via email in MS Word unless requested otherwise.

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.