

RESERVATION FORM



INCLUSIONS

- Hotel accommodations
- **Transport from and to airport of Milan, Italy**
- Transport to painting locations outside the town of Soglio
- Sight-seeing, entrance fees included
- Luggage handling of ONE PIECE per person plus carry-on
- Painting instruction planned for 10 days
- A multilingual guide
- Breakfasts, lunches and dinners, not including beverages

NOT INCLUDED

- Air Travel
- Items of personal nature
- Art supplies
- Alcoholic beverages
- Any meal or sightseeing item not listed in the itinerary

• **Optional insurance for health, baggage, and cancellation is highly recommended**

NEEDED

Valid passport which does not expire for at least 6 months after the date of the entry into another country

STELLAR ARTS FOUNDATION is a non-profit educational and charitable organization that leads the Adventure Artist's Tours. The net profits from the tours support charitable work with children within the countries visited. To learn more about Stellar Arts Foundation visit:

www.stellararts.org

For additional information please contact

director@stellararts.org
or call 360-678-0838

Make checks payable to :
S.A.F.
PO BOX 1676
Coupeville, WA 98239

Swiss \$ 3590

An important note about costs: The tour cost is per person based on double occupancy. A single room supplement is an additional \$450. Tariffs and currency valuation are as of October 2008. A minimum of 12 full paying travelers are required, and are subject to confirmation. While we will do everything possible to maintain the listed price and itinerary, they may be subject to change due to circumstances beyond our control.

PAYMENT SCHEDULE: A deposit of \$500/person is required with reservation. Payment of \$1,000/person is due 90 days prior to departure and final payment is due 60 days prior to departure. Space is limited and early reservations are encouraged.

REFUND POLICY: Written notice of all cancellations requested by travelers must be submitted to Judy Lynn. Stellar Arts Foundation will have no obligation to provide refunds for partial or unused land arrangements. The following penalties will apply to all cancellations:

(1) Notices received 90 days prior to departure: \$75.00 per person processing fee; **(2)** Notices received 60-89 days prior to departure: The full deposit shall be forfeited, in addition to the forfeiture of any unrecoverable payments made on behalf of the traveler to hotels, or tour operators; **(3)** Notices received after 60 days prior to departure: **NO REFUNDS** will be allowed, unless you provide a person to take your place. **Purchase of trip cancellation insurance is advised to cover any emergencies should they arise.**

RESPONSIBILITIES: Stellar Arts Foundation provides customized travel services for group travelers. In offering these travel arrangements SAF acts solely as agents for the sale of air transportation and other travel related service. SAF maintains no control over the personnel, equipment, or operations or any entity furnishing services, products, or accommodations. SAF assume no responsibility or liability for, and shall not be expected, asked or required to pay for any injury, damage, expense, personal injury, property damage, inconvenience, or any other loss experienced by reason of: (i) any intentional, wrongful, negligent, or unauthorized act or omission on the part of any supplier, its agents, or employees; (ii) any defect, break down or other failure to any vehicle, equipment, service, product or other instrumentality which owned, operated or otherwise used by a supplier; (iii) any intentional, wrongful, negligent, or unauthorized act or omission on the part of any other party not under the control of Stellar Arts Foundation; (iv) financial problems causing non-performance by any supplier; or (v) any other cause, condition, or event whatsoever beyond the direct control of SAF. Damage to personal effects shall be the sole responsibility of travelers at all times. Stellar Arts Foundation reserve the right to withdraw from any tour member whose conduct is incompatible with the interests of the group as a whole as judged solely SAF. SAF takes no responsibility for medical treatment, medication or any current, past or future medical or treatment problems of traveler.

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Name _____ (as it appears in passport)

Mailing Address _____

City _____ State _____ Zip _____

Phone (Day) _____ (Eve) _____

E-mail _____ Roommate _____

Contact person in case of an emergency: _____

Phone number _____ Relationship _____

Enclosed is my deposit for \$500 per person. Make checks payable to Stellar Arts Foundation.

I have read and understand the conditions of this brochure.

Signature _____ Date _____

CHARGE YOUR TRIP

(VISA & MasterCard accepted)

Charge my deposit of \$ _____ to credit card:

Expiration: _____ (you will be called for code)

Name and address on Credit Card
(if different than at left):

Signature _____