

The Wine Coach® Best of Piedmont, Italy Tour

April 29-May 5, 2008

General Conditions and Registration Form

<p>Deposit & Payment Schedule: Deposit of \$650 per person is due with your completed reservation form. Second payment is due by November 1st in the amount of \$1200 per person. Final payment must be received on or before January 30th.</p>	<p>Payment Method: Personal Checks as well as Credit Cards are accepted methods of payment. Checks should be made payable to: Forster Ventures, LLC and sent to: PO Box 763, Easton, MD 21601. Please note there will be a 3% surcharge added on all credit card payments. Call The Wine Coach directly at 410-820-4212 to arrange for this.</p>
<p>Additional Travel Needs: Additional travel before or after the wine tour can be arranged through my travel partner. Please contact me for details about pre or post stays. We highly recommend purchasing travel insurance for additional fee to provide cancellation protection. Rates: All rates and inclusions are subject to change</p>	<p>Proof of Citizenship: You must carry a valid and original passport. Passports can take up to 16 weeks to obtain. See your local post office. Forster Ventures, LLC is not responsible for your proof of citizenship. Itinerary: Although not anticipated, the itinerary is subject to change without notice.</p>
<p>Cancellation Policy: Once reservations are under deposit, cancellations for any reason must be made in writing and will result in the following penalties: On or Before Dec. 30: \$200 Cancel Fee Dec. 31-Jan. 31: Loss of Deposit Feb. 1 - March 15: 50% of Full Fee March 16-April 16: 100% Non-refundable</p>	<p>Communications: Please direct all written communications, including but not limited to, reservations, payments or cancellations, to: Forster Ventures, LLC, PO Box 763, Easton, MD 21601. If you have questions, call 410-820-4212 or email laurie@thewinecoach.com.</p>

Name(s): _____
(Use full names as they appear on passports)

Date(s) of Birth: _____

Passport Number(s): _____

Address(es): _____

Phone Number(s): _____ (home) _____ (cellular)

Email: _____ Are you interested in travel insurance? (circle one) **YES** or **NO**

Deposit Enclosed: \$ _____ Check One: Single _____ Double _____ Roommate: _____

Signature(s) _____

Make Checks Payable to: Forster Ventures, LLC and mail with this reservation form to:
Forster Ventures, LLC, PO Box 763, Easton, MD 21601