

Travel Concepts

A FLAVOUR OF SPAIN:

Spanish Inspiration ~ Writing into the Light
12 -21, April, 2016

WITH REGAN D'ANDRADE

Tour Registration Form - One Per Participant

Name: (As it appears on passport) _____ Citizenship: _____

Address: _____ Postal Code: _____

Ph: Daytime: _____ Evening: _____ Email: _____

Date of Birth: _____ Passport Number: _____ Issue date: _____ Expiry date: _____

Primary Medical Care Coverage Number: (ie BC Medical) _____

If you carry private out-of-country medical insurance (extended health) please advise name of provider and policy number _____

Dietary Restrictions or Food Allergies and/or Medical Conditions we should be aware of: _____

I am a smoker ___ /non-smoker ___/Please find me a room mate ___/ I will share with: _____

Emergency Contact: _____ Relation: _____ Phone: _____

How did you hear about this workshop? _____

Flavour of Spain & Travel Concepts occasionally uses photographs from our workshops for future marketing purposes.

Do you authorize Flavour of Spain & Travel Concepts to use photos that include yourself? (Y or N) Print ___ Web ___

Travel Concepts occasionally sends email marketing about upcoming tours and events. Do you authorize Travel Concepts to send email marketing? Yes _____ No _____

If applicable to program, describe your painting experience: Beginner ___ Intermediate ___ Advanced ___

Workshop Pricing:

CAD 3,590 Land only, twin share

CAD 700 Single Supplement

CAD 350 Non-refundable Deposit at time of booking, CAD 500 2nd Deposit on October 12, 2015

Balance due January 12, 2016

Please note: All payments are non-refundable. Travel Concepts will contact you upon receipt of registration to discuss your personal insurance needs. We strongly recommend that you purchase trip cancellation and out of country medical insurance.

I wish to pay by Cheque made out to WD World Travel (enclosed) _____ Credit card: Visa _____ MasterCard _____

Amount: \$ _____ Credit card number: _____ CCV _____ Expiry: _____

Name as it appears on credit card: _____ Signature: _____

Please return completed form & responsibility waiver by mail, fax or email to:

Travel Concepts, #103 – 3151 Woodbine Drive, North Vancouver BC V7R 2S4

Phone: 604 926 8511

Fax: 604 926 2247

Email: cindy@trvlconcepts.com

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WAIVER AND RELEASE

This waiver and release is given by the undersigned (the "Client") to and in favour of Infinity Travel Concepts Ltd. and its employees, agents, officers, directors, shareholders and affiliated companies (all of whom are referred to herein as "ITC") in connection with ITC's services (the "Services") of arranging for the provision of travel and tourism services to the Client by third parties such as airlines, bus, train, car rental or other transportation providers, tour guides, hotels and outfitters ("Third Party Providers"). The Client hereby acknowledges that:

- A) ITC would not provide the Services unless the Client signs this waiver and release;
- B) the Client accepts the allocation of risk provided for herein; and
- C) the provision of the Services by ITC to the Client is sufficient consideration for this release and waiver.

The Client acknowledges that ITC is acting as the Client's agent in making arrangements with Third Party Providers and that all such arrangements are between the Client and the respective Third Party Providers. The Client acknowledges that ITC makes no representations or warranties regarding such arrangements and that ITC has no ability to ensure that those arrangements are fulfilled in the manner that the Client may expect or to which the Client may be entitled. In each case, the Client has a contract with the Third Party Provider, and must look solely to the Third Party Provider for any compensation or other remedies if problems arise.

Accordingly, to the greatest extent permitted by law, the Client hereby irrevocably releases ITC from any and all actions, causes of action, damages, losses, expenses and other claims of any kind whatsoever arising out of the actions, inactions, omissions, negligence or other conduct of any Third Party Provider. This release extends to loss of property, personal injury, loss of life, delays, itinerary changes and any other damages, losses, costs, expenses or inconveniences that the Client may suffer or incur.

Signed and delivered by the Client this _____ day of _____, 20____.

Name of Witness _____ Name of Client _____

Witness Signature _____ Client Signature _____

NB: Travel Concepts & Flavour of Spain staff are unable to witness tour registration forms

For Internal Use Only	
Deposit Payment Posted:	Date: _____ Notes: _____
Final Payment Posted:	Date: _____ Notes: _____
Pre + Post Nights Information:	Notes: _____
Insurance Information:	Notes: _____
Air/Flight Information:	Notes: _____
Comments:	
Mailings:	