



OLIVE OIL HARVEST IN PUGLIA TOUR: RESERVATION FORM

Join us in a week-long stay in the stunning Puglia region against a backdrop of sparkling coastline, ancient olive groves, and charming medieval and baroque towns.

I'm interested in the following tour date:

November 3 to November 9

November 10 to November 16

Price per person: \$3,200 per person for double occupancy room
Supplement for Single room: \$490

A deposit of \$480 by check is required to reserve your spot, made payable to **Casa Italiana di Las Vegas**. The balance is due 90 days prior to departure. Please mail check with filled reservation form to:

Casa Italiana di Las Vegas
6787 W Tropicana Ave, Suite 239
Las Vegas, NV 89103

Name: First _____ Last _____

Address: _____ City _____ State _____ Zipcode _____

Home phone: _____ Cell: _____

Email: _____ CHECK # _____

Signature: _____ Date _____

DEPOSIT \$480 per person

CANCELLATION POLICY

Your cancellations and requests for refunds must be communicated in writing by email to tours@italiano.vegas as soon as possible. See below for our refund policy. We cannot make exceptions for any reasons including personal or weather emergencies.

There is no refund for leaving the tour early or arriving to the tour late.

The following cancellation charges apply:

90+ days before departure \$150 for administrative fees

61-90 days before departure \$480 deposit

45-60 days before departure 50% of trip cost

45 days or less to departure No refund

We strongly recommend trip cancellation insurance.

Especially Puglia and Casa Italiana di Las Vegas reserve the right to cancel trips that are below the trip minimum (usually 6 persons). All trip members will receive a full refund and will be notified a minimum of 30 days before the trip departs. In the event of trip cancellation, Especially Puglia and Casa Italiana di Las Vegas are not responsible for additional expenses incurred by trip members such as non-refundable air tickets, medical expenses, and passport and visa.

I ACCEPT AND AGREE TO THE CANCELLATION POLICY

Signature: _____ Date _____