

Northern Italy: The Art and Culture of Genoa and Turin

May 8 to May 15, 2009

RESERVATION FORM

A completed reservation form accompanied by a deposit of \$2,000 per traveler will hold your space on this trip. (\$1,000 of this deposit will be considered non-refundable.) Payment in full must be received by February 9, 2009.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name(s) _____

Street/P.O. Box _____

City _____ State _____ Zip _____

Phone (_____) _____ - _____ Fax (_____) _____ - _____

E-mail _____

SIMPLE 4-STEP PAYMENT PROCESS:

1. Calculate the deposit amount due:

_____ Deposit(s) @ \$2,000 per person = \$ _____

*The remaining balance of \$ _____ * per person is due by February 9, 2009*

2. Indicate method of payment below:

Payment by check enclosed payable to the: Bogliasco Foundation

Please charge my credit card for the: deposit remaining balance – due February 9, 2009

VISA MasterCard AMEX

Card Number _____ Exp. Date: _____

Signature _____ Date : _____

**Due to the value of benefits received, \$2,000 of the total payment may be considered a charitable contribution. The gift receipt for this portion will be issued by the Foundation upon remittance of the remaining balance.*

3. Please read and sign: Release, Indemnity, and Assumption of Risk (includes travel)

Activities: The Bogliasco Foundation Trip to Genoa and Turin, May 8 - 15, 2009

Names of Participant(s): _____

I am signing this release so that I can participate in the activities associated with this trip. This Release, Indemnity and Assumption of Risk Statement covers all events and occurrences associated with the activities, including any associated travel, meals and lodging. I understand that if I have any concerns about my health or ability to participate, it is my responsibility to discuss my concerns with my physician before deciding to participate.

I agree to assume the risk that unexpected events may occur and result in harm, injury or illness to me or damage to my property while I am participating in or observing the activities or while I am traveling to or from the activities. I agree to indemnify the Bogliasco Foundation and not to sue for any harm or damage associated with my participation, observation, or travel if the harm or damage is not due to negligence or fault. I understand that my participation in these activities is voluntary.

If I require emergency medical treatment, please contact:

Name of emergency contact person: _____

Telephone number of contact person: _____

Signature(s)

4. Please send completed form and payment to:

Hope O'Reilly
The Bogliasco Foundation
10 Rockefeller Plaza, 16th floor
New York, NY 10020

212-713-7617 (tel)
212-489-0787 (fax)

hope.oreilly@bfny.org