L'Alliance New York

Reservation Form (due by Fri, March 5, 2027)

Culture and Language Voyage to Aix-en-Provence
Friday, May 21 – Sun, May 30, 2027

Discover the cities of Aix-en-Provence and its vibrant culture,
and improve your French in a complete French immersion experience!

Organized by *L'Alliance New York*
in collaboration with *Alliance Française of Aix-en-Provence* (the "Organizers")

Name(s) as it appears on passport _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Email _____

Date of Birth (M/D/Y) _____ Nationality _____

Passport# _____

Expiration date of your passport (M/D/Y) _____

Level of French

☐ Complete beginner (A1.1)

☐ Beginner (A1/A2)

☐ Intermediate (B1)

☐ Advanced (B2 and +)

☐ Need a placement test prior to the study tour

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TRIP OPTIONS & COSTS

Please select your study tour option:

☐ **Option #1 - All-inclusive + Hotel: $6,800 / person**
Includes round-trip economy flight to Nice from New York, French classes at *L'Alliance Française Aix/Marseille*, 8 nights in a hotel (breakfast included), tickets for various activities and excursions, pick-up and drop-off at the destination airport and local transportation. Lunch and dinner not included.

☐ **Option #2 - French classes + Activities + Hotel (no plane tickets included): $5,200 / p.**
Includes French classes at *L'Alliance Française Aix/Marseille*, 8 nights in a hotel (breakfast included), tickets for various activities and excursions, pick-up and drop-off at the destination airport and local transportation. Lunch and dinner not included.

DEPOSIT

A deposit of **$2,000** per person is required by **Fri, March 5, 2027**.

The remaining tuition amount according to your option is due on **Fri, March 19, 2027**.

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PAYMENT INFORMATION

I have enclosed:

◯ The total trip cost $ _____ for _____ participant(s)

◯ A deposit of $ _____ for _____ participant(s)

Payment method:

◯ I have enclosed a check payable to **French Institute Alliance Française (FIAF)**

◯ I want to pay by credit card:

◯ Visa ◯ Mastercard ◯ American Express

Credit Card No. _____ Expiration _____

Biling Address _____

City _____ State _____ Zip _____

If paying by card, I authorize L'Alliance NY to charge the balance tuition payment if applicable to the card above on Fri, March 19, 2027.

Signature _____ Date _____

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TERMS, CONDITIONS AND CANCELLATION POLICY

Travel Arrangements

Economy flights from NYC to Nice, transportation from and to the airport at destination, and within Aix-en-Provence for the duration of the program will be provided by the Organizers.

Responsibility

L'Alliance NY and the Organizers act only as a provider with respect to travel and shall, under no circumstances be held responsible for injury, damage, loss, accident, delays, or any unpredictable event whatsoever. Therefore, no refund or compensation will be made by L'Alliance NY or the Organizers for any damage incurred by the participant. Participants are required to purchase their own travel insurance with emergency and medical coverage.

Reservations and Cancellations

Registration form and deposit must be received by **March 5, 2027**. As space is limited, reservations will be honored in the order received. Full trip payment must be completed by **March 19, 2027**.

Cancellation requests must be submitted in writing to Guillaume Lefèvre – Pedagogical Director at glefevre@lallianceny.org.

For cancellations **before or on March 19, 2027**, a **$500** fee per person will be deducted from the refund. Cancellations received **after March 19, 2027,** will result in **forfeiture of the full deposit amount** per person. Cancellations received **after March 26, 2027,** will result in **forfeiture of 50% of the full trip cost** per person. Cancellations received **after April 2, 2027,** will necessitate **forfeiture of the full trip cost** per person.

By signing and returning this *Reservation Form*, you acknowledge that you have read and agreed to the terms and conditions as indicated. You specifically waive any claims of action against L'Alliance NY, its Board of Directors, its staff, and its representatives, as well as against the Organizers in case of any loss of property, accident, or injury in connection with this program.

You also accept that you are responsible for any travel visa / permit that might be required by you to allow you to travel to France and for return to the United States.

Signature _____ Date _____

Please return this form with deposit payment no later than Fri, March 5, 2027, to:

Guillaume Lefèvre
L'Alliance New York
22 East 60th Street, New York, New York, 10022
glefevre@lallianceny.org