



Reservation Form (due by Fri, June 4, 2027)

Culture and Language Voyage to Nice Friday, September 10 – Sun, September 19, 2027

**Discover the city of Nice 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 Nice* (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

TRIP OPTIONS & COSTS

Please select your study tour option:

☐ **Option #1 - All-inclusive + Hotel in Nice: \$6,900 / person**

Includes round-trip economy flight to Nice from New York, French classes at L'Alliance Française de Nice, 8 nights in a hotel in Nice including breakfast, tickets for various activities and excursions (visits of Monaco, Nice, Antibes, Matisse Museum, vineyards, cooking workshop, and much more), pick-up and drop-off at the destination airport and local transportation.

☐ **Option #2 - French classes + Activities + Hotel in Nice (no plane tickets included): \$4,900 / p.**

Includes French classes at L'Alliance Française de Nice, 8 nights in a hotel in Nice including breakfast, tickets for various activities and excursions (visits of Monaco, Nice, Antibes, Matisse Museum, vineyards, cooking workshop, and much more), pick-up and drop-off at the destination airport and local transportation.

DEPOSIT

A deposit of **\$2,000** per person is required by **Fri, June 4, 2027**.

The remaining tuition amount according to your option is due **Fri, June 18, 2027**.



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 _____

Billing 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, June 18, 2027.

Signature _____ Date _____



TERMS, CONDITIONS AND CANCELLATION POLICY

Travel Arrangements

Economy flights from NYC to Nice, transportation from and to the airport at destination, and within the city at destination 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 **June 4, 2027**. As space is limited, reservations will be honored in the order received. Full trip payment must be completed by **June 18, 2027**.

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

For cancellations **before or on June 18, 2027**, a **\$500** fee per person will be deducted from the refund. Cancellations received **after June 18, 2027**, will result in **forfeiture of the full deposit amount** per person. Cancellations received **after July 2, 2027**, will result in **forfeiture of 50% of the full trip cost** per person. Cancellations received **after July 16, 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 Friday June 4, 2027 to:

Guillaume Lefèvre

L'Alliance New York

22 East 60th Street, New York, New York, 10022

glefevre@lallianceny.org