

REGISTRATION FORM

Watercolor Workshop Weekend

PLEIN-AIR AQUARELLE TECHNIQUE / COMPOSITIONS / FOCAL POINTS



Cultural Association Beyond Borders

WATERCOLOR SCHOOL

IL PUNTO © 2020
www.il-punto.org

Edition Germany1: Cologne - 14 & 15 November 2020

Edition Germany2: Berlin - 21 & 22 November 2020

First Name:

Last Name:

Job/Title:

Age:

E-mail Address:

Cell-phone number

Address:

What are your experiences of sketching, painting, and watercolor in particular?

What are your expectations about this workshop?

Where did you find this event?

TUITION: EUR 300,- course fee

EUR 100,- full package of complete high quality painting materials

including 12 hours of tuition and collective/individual supervision (in 2 days)

non-included: accommodation, meals, transportation are not provided and to be arranged individually.

ENROLMENT:

- A full-payment of is required by the registration (via Bank Transfer).
- In case of cancellation by the organiser this sum will be refunded.
- If you cancel your workshop at least 14 days prior to the workshop, you will receive 50% of the tuition fee.

Bank Transfer: Majid Modir, IBAN: SE 1080 0008 3279 9032 3121 01,

BIC/SWIFT: SWEDSESS, Address: Swedbank, Kistagangen 20B, 16440 Kista, Sweden

CANCELLATION POLICY:

If it's necessary for IL PUNTO to cancel a workshop (see below: COVID-19 policy), you will receive a full refund for the workshop.
If you are travelling to attend this workshop, we advise you to purchase cancellation insurance if your credit card does not cover it.

[Special COVID-19 policy: due to current global situation concerning the development of the pandemic, IL PUNTO does NOT guarantee the execution of the workshops as stated. The schedule may change or be postponed - the rules on extraordinary circumstances apply. Please inform yourself on the site of European Commission: \[FAQ on cancellations of individually booked events due to COVID-19\]\(#\)](#)

EMERGENCY CONTACT INFORMATION:

Name of emergency contact: _____
Relationship: _____
Emergency Contact phone number: _____

LIABILITY WAIVER:

I agree to hold harmless and waive any liability against IL PUNTO/Majid Modir for any accident, injury, loss, theft, damage, etc. that I may incur while participating in the workshop.
I have medical insurance that will be in effect and will cover any accident or injury during the workshop.
I will bring a copy of my medical insurance card showing Insurance Provider, plan, group number, and contact phone number.
I accept full responsibility for all risks inherent with any travel and workshop related activities. I understand that I am engaging in workshop activities outside with unpredictable weather conditions.
I am of sound health.

By registering for the workshop, I agree that photos taken of the workshop can be used on the IL PUNTO online website for promotion of future workshops.

Date

Signature
