

Cancellation Request Form

Please sign and date. Send via regist	tered mail or attach to email to tours@italiadolcevit	a.com;
Fax the completed form to 844-787	Or -5176; Or	
Mail the completed form to the add		
ı,	authorize Italia Dolce Vita to cancel my order.	
Reservation Number:		
Name of Credit Card Holder if Differ	rent:	
Contact Phone Number and Email A	Address:	
Original Payment Method (Please Ci Visa/ Mastercard / Paypal / Wire Tra	ircle One): ansfer / Money Order / Cashier's Check	
Credit Card Number if Applicable:		
Original Transaction Amount:		
Date of Reservation:		
Tour Name and Departure Date:		
Guest Name(s):		
Reason for Cancellation:		
I have read Cancellation and Refund forth before making cancellation red	d Policy at <u>www.italiadolcevita.com</u> . I agree to the to quest.	erms and conditions set
X Cinn ature	Data of Compaliation Democrat	Delina A. N. a. a.
Signature	Date of Cancellation Request	Print Name