PAYMENT FORM

NEW ZEALAND: July 12-24, 2020

Please print and complete this form and return via mail, e-mail or fax.

MAIN CONTACT Full Name: __________________________________________ Date:____________

MAIN Telephone Number: (___) - __________________

Email Address (required): ___________________________________________________________

Street Address:_____________________________________________________________________

City:__________________________ State:____________________

Postal Code:___________________ Country:____________________

HOW MANY PARTICIPANTS WOULD LIKE TO REGISTER FOR THE NEW ZEALAND 2020 TOUR WITH THIS FORM?

Number of PERFORMERS:_________ Number of Non-Performers:_________

The pricing below applies to both PERFORMERS and NON-PERFORMERS – LAND ONLY

☐ $2,890 USD per person in a Twin Shared Room – pay in 4 installments
  • $400 due NOW (with future invoicing to follow)
  • $600 due by 10/10/19
  • $600 due by 2/10/20
  • Balance due for land package and add-ons by 5/10/20

Are you requesting (a) Single Room(s) – for an additional $975 USD per person? If so, how many?________

Please note that airfare will be a separate plan if used.

HOW WILL YOU BE MAKING YOUR DEPOSIT PAYMENT?

☐ CHECK  ☐ WIRE TRANSFER/ACH  ☐ CREDIT CARD

PLEASE MAKE CHECK PAYABLE TO “DCINY” and SEND TO:
DCINY
250 West 57th Street, Suite 1610
New York, NY 10107
Attn: Jonathan Griffith Singers

WIRE TRANSFER INFORMATION:
Bank Name: J.P. Morgan Chase, N.A.
Bank Address: 1775 Broadway, New York, NY 10019
Acct Holder: Distinguished Concerts International LLC
Acct Number 3152602112
Routing & Transit Number 021000021
Swift Code CHASUS33.

*Please make sure that DCINY receives the EXACT U.S. Dollar amount due, please verify with your banker. We can only credit your account with the amount we receive. Please e-mail or fax this completed form and wire confirmation to: Accounting@DCINY.org  or fax to: 646-736-0437

(See next page for payment options)
CREDIT CARD INFORMATION
Name (as appears on credit card): ________________________________________________
Billing Address (associated with credit card and if different from above):
Street:_________________________________________Apt:________________
City:_________________________ State:____________________
Postal Code:_________________________ Country:____________________
☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS
Card Number:________________________________________
Date of Expiration: _____ / _____        Card Security Code: _____________

TOTAL AMOUNT TO BE CHARGED: $_________________________ USD
(I authorize DCINY to charge the amount above.)

SIGNATURE: _________________________________________ DATE: ______________

If paying by credit card, please e-mail this completed payment form to: Accounting@DCINY.org or fax to: (646) 736-0437. You may also mail this completed form to:

DCINY
250 W 57th Street
Suite 1610
New York, NY 10107
Attn: Jonathan Griffith Singers

Upon receipt of your payment, a receipt will be e-mailed to you at the e-mail address you have provided.

Any questions regarding payment please contact Ronald Thomas at: Accounting@DCINY.org or (212) 707-8566 x306
Any questions regarding trip information please contact Diane Marshall at: Diane@DCINY.org.
For full payment policies and terms please refer to the trip information details that were sent with your invitation.