



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.