



## New Zealand, 2019 Payment Plan Guidelines

This document authorizes *Il Chioistro* to divide your payment into monthly installments up until the program begins. Please provide the requested information and sign the form. Each time a charge has been confirmed, we will send you a payment update for your records.

### This Plan is for:

Participant Name \_\_\_\_\_  
Email address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Workshop Dates **March 18-27, 2019**

### Payment Plan Options:

I authorize *Il Chioistro* to automatically charge the amount indicated to my credit card each month:

Beginning Date (the first of the next month): \_\_\_\_\_

Amount to charge per month (suggested \$500): \_\_\_\_\_

Remaining balance will be charged on March 1, 2019.

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Credit Card: Card Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Number: \_\_\_\_\_

Name on card (if different from registrant): \_\_\_\_\_

I hereby agree to the terms stated above for this payment plan.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Please scan or snap a photo of this page and email it back to us at: [Michael@ilchiostro.com](mailto:Michael@ilchiostro.com)