



SUMMER 2009 CONFERENCES BAND PAYMENT PLAN

*****FOR BAND CAMPS ONLY*****

If this payment plan application is not returned with your signed contract, it will be assumed that you plan to use the Net 30 payment option.

TERMS & CONDITIONS

Enrollment

Please complete the information below to enroll in the Summer Conferences Band Camp Payment Plan. Upon completion, return the signed form and the plan's \$35 application fee in a separate check/money order with your completed Summer Conferences Contract.

Payments

Any remaining balance due after departure from your conference event will be divided into four (4) equal monthly payments to be paid in full by December 31. The payment plan will incorporate the final balance (after deposit) due from your contract plus any additional applicable charges incurred during your conference event, including damages, re-keying, copies, etc.

Payments are due by the 25th day of September, October, November, & December. Payment coupons will be mailed to you within two (2) weeks of your group's departure from its conference.

Other Fees & Charges

Any payments received after the last day of any month would incur a \$10 late fee.

There will be a \$25 service charge for any payments returned for insufficient funds (NSF) or that are otherwise not collectible.

Failure to Pay

Failure to make timely payments may negate the terms of the payment plan, and any balances remaining after December 31 may be turned over to a collection agency.

Questions

If you have any questions about this Summer Conferences Band Payment Plan, please contact the UVA-Wise Cashier's Office at (276) 328-0107 or via email at kab8d@uvawise.edu. If you have questions about your Summer Conferences Contract balance, please contact either Julie Scott or Chris Davis at the numbers/emails listed at the bottom of this page.

ENROLLMENT FORM

Conference name _____

Billing address _____
Street Address / Post Office Box City State Zip

Group Leader _____ E-mail _____

Contact numbers () _____ - _____ W; () _____ - _____ H; () _____ - _____ FAX

ID # An identification number must be provided to process this plan enrollment, please enter ONE of the following:
Group's Federal Tax ID # _____ or Group Leader's Social Security # _____

Signature *I understand and agree to abide by the terms contained in this Summer Conferences Band Payment Plan.*

Name _____ Date ____ / ____ / ____

UVA-WISE SUMMER CONFERENCES

1 COLLEGE AVENUE ☀ WISE, VIRGINIA 24293

JULIE SCOTT Slemo Student Center 276/376-1000 phone 276/376-4623 fax jba4f@uvawise.edu
CHRIS DAVIS Slemo Student Center 276/376-4513 phone 276/376-4623 fax cdd3s@uvawise.edu