

GROUP MEDICAL DIRECTOR -DR. JOANNE HOLTBY LIMITED CAPACITY!

CME & CULTURAL TOUR OF NORTHERN INDIA FEBRUARY 14 - MARCH 2, 2015

REGISTRATION / BOOKING FORM

3	First name	Middle name	US KNOW YOUR SUBJECT		Birthdate (D/M	Y)	Academic progryes Nationality	ram reg? No	Special meal requirements (vegetarian etc) Profession
CONTACT DETAILS (Address is where travel documents will be forwarded to)									
Street					Apt #	City		Province	Postal code
Tel (home):		Tel (bus):	Fax:			e-mail:			
PRICING INFOR					Client #1	#2	#3		TOTAL
	rice for each component for each passe ME Tour of Northern India	enger)							
Per person (double occupancy) - \$5,795									
Single supplement - \$1,400 (if you're travelling by yourself and in your own room)									
Single share matching fee - \$300 (if you're single and we find you a roommate)									
2 Other									
	e from other Canadian city to T	oronto							(Enquire for costs)
City =									
2 Academic program registration fee (\$550 per registrant)									
3 Transportation taxes and fees (\$685 / person)									
Repeat Customer Discount (\$100/person if one previous tour, \$200 for two previous tours, (max) \$300 for three previous tours)									
(Payment must be by cheque to qualify for this discount) Total amount wine to travel increase (Nate 4 below)									
Total amount prior to travel insurance (Note 1 below)									
Non-medical insurance package) Note 1						
Deluxe (including medical) insurance package)							
TOTAL INCLUDING TRAVEL INSURANCE									
PAYMENT INFORMATION									
DEPOSIT:						ndable)	PAYABLE WIT	H REGISTRA	TION
BALANCE: PAYMENT METH	Due by no later than December	ero, ∠014							
Cheque:	Please enclose deposit chequ	e, together with a cheq	ue postdated to December	6, 2014 payal	ole to Doctors-on	-Tour			
Credit card:									
0.0404.4.	Type (Visa or Mastercard)		Credit card #				Exp date		3 digit security code
	Name on card				Signature				
		horizes Doctors-on-Tou	ur to bill your credit card for	the denosit a	t, as well as to automatically charge your credit card with the balance due on December 6, 2014				
	as well as any additional charg					,	,		, · ·
TERMS & CONDITIONS: My signature herein signifies my acceptance of the Terms & Conditions provided to me as part of the detailed information package regarding this tour and binds myself and all other tour participants listed on this Booking Form									
rantioparito noteu	and booking rollii				Signature (Acceptance of Terms & Conditions)				
CME Program Newsletter updates - please send me future notifications by e-mail					Yes / No (Circle / highlight one option)				
Notes Total Control of the Control o									
We strongly recommend that you take out travel insurance for this trip. To calculate, and enter, your insurance premium, please select the premium per person (based on your age and "total amount prior to travel insurance") from the insurance tables in our brochure. If insurance is not purchased, passenger #1 must sign this section on behalf of all passengers Note: travel insurance above is only eligible for Canadian residents. Residents of other countries should organize their travel insurance needs through a local insurance provider.									
Insurance de	lined:			(Signature -	nassenger #1\				
Insurance declined: (Signature - passenger #1) 2. Valid Passports (expiring no earlier than 180 days after your scheduled departure date from India are mandatory for entry into India. It is also your responsibility to obtain a tourist entry visa for India									

4. Registration Forms should be mailed (if cheque payment) to Doctors-on-Tour, 20 Princeton Road, Toronto, On., M8X 2E2 or by fax, mail or e-mail (scan) (if credit card payment) to 1-888-612-1459 (fax), info@doctorsontour.ca (e-mail) . For additional information, please call 416-231-8466, toll free 1-855-doc-tour (362-8687).