doctors-		n-tour.ca meeting and vacation concepts
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CME & SAFARI TOUR OF KENYA & TANZANIA AUG 16 - 29, 2013 **REGISTRATION / BOOKING FORM** (OPTIONAL ZANZIBAR EXTENSION)



											Special meal requirements
NAMES O (Title)	FPAS	First name	(EXACTLY AS THEY A Middle name		Iname	SSPORT)	Birthdate (D/M/	Y)	Academic progr Yes	am reg? No	(vegetarian etc)
1											
2											
3				_							
4				_							
IF YOU AF	RE INTI	RESTED IN MAKING A	PRESENTATION, PLS LE	ET US KN	OW YOUR SU	JBJECT					
PASSPOR		RMATION									
		Passport No.	Date of issue	Date	e of expiry	Place of	issue		Profession		Nationality
1 2				_							
2											
4											
CONTACT			(Address is where trave		oto will be form	(orded to)					
CONTACT	DETA	125	(Address is where trave	l docume	nts will be forw	arded to)					
Street							Apt #	City		Province	Postal code
Tel (home)):		Tel (bus):	Fax	:			e-mail:			
PRICING I	NFOR	IATION					Client #1	#2	#3		TOTAL
		rice for each component for each									
		Tour of Kenya & Tanzar louble occupancy) - \$8,6		2013)							
-		ouble occupancy) - \$8,995		-							
		d person (triple room occu			1, 2013)						
Busine	ess clas	s supplement re flight from	n Toronto - Nairobi / Kilim	anjaro - T	oronto (\$on re	quest)					(Enquire for costs)
-		ment - \$1,600 (if you're tra		-							
2 Other	share r	natching fee - \$300 (if you	u're single and we find you	a roomm	nate)						
	ement fo	or flights from -									
		Montreal									(Enquire for costs)
		Calgary Vancouiver									(Enquire for costs) (Enquire for costs)
3 Acade	mic pr	ogram registration fee (\$	400 per registrant)								(Enquire for costs)
		I taxes and fees (\$585 / p									
			-	bleoccur	ancy)						
5 Extension - Zanzibar (5 days) - \$2,340 / person inc. taxes (doubleoccupancy) Single supplement for Zanzibar extension (\$500)											
6 Repea	t Custo	omer Discount (maximum	n 3%, on items #1, 4 only)							
Enter	discou	nt % on this line (see bro	chure, page 12) >								
		t be by CHEQUE to qualif									
Total amo	unt pri	or to travel insurance (No	ote 1 below)								
		ance package		Note 1							
Deluxe (in	cluding	medical) insurance packa	ge)								
TOTAL IN	CLUDI	IG TRAVEL INSURANCE	E								
PAYMENT		MATION									
DEPOSIT:		\$600 per person (\$1,000	0 if taking Zanzibar extens	sion) plus	s insurance p	remium	(both non-refun	dable)	PAYABLE WIT	H REGISTRATIO	ON
BALANCE PAYMEN1		Due by no later than May	3, 2013 (For registration	is receive	d on or after th	nis date, pay	ment is required i	n full at the time o	of booking)		
Chequ			heque, together with a ch	eque post	dated to May	3, 2013				payable to	"ON-TOUR.CA"
Credit	card										
		Type (Visa or Mastercard)	Credit ca	ard #				Exp date		-
		Name on card				_	Signature				
		Your signature above dul					t, as well as to au	tomatically charge	e your credit card	with the balance	due on May 3, 2013 as well as
		any additional chargeable	e items approved by you in	n writing (i	including by el	ectronic ma	il)				
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											
Notes 1. We strongly recommend that you take out travel insurance for this trip. To calculate, and enter, your insurance for this trip. To calculate, and enter, your insurance for this trip. To calculate and enter, your insurance for this trip.					Signature (Acce	Signature (Acceptance of Terms & Conditions)					
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.								sed,	(Signature - passanger #1)		
	-	must sign this section on i ts (expiring no earlier than		duled dep	parture date fro			ndatory for entry in	nto Kenya / Tanza	inia.	(Signature - passenger #1)
	-	responsibilty to obtain a to	-	-							
3. Reaist	ration F	orms should be mailed (if	cheque payment) to docto	ors-on-tou	r ca 20 Prince	ton Road 1	Toronto On M8X	2E2 or by fax m	ail or e-mail (scan) (if credit card p	avment) to 1-

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

GROUP MEDICAL DIRECTOR DR. SERGE PUKSA