



**CME, CULTURAL & GOURMET
TOUR OF SPAIN
REGISTRATION / BOOKING FORM
SEP 24 - OCT 6, 2022**



DID YOU KNOW ? - ONLINE REGISTRATION FOR THIS PROGRAM IS ALSO NOW AVAILABLE AT > <https://fs22.formsite.com/Doctorsontour/SPA2209RegistrationForm/index.html>

| NAMES OF PASSENGERS (Title) First name Middle name Last name | (EXACTLY AS THEY APPEAR ON YOUR PASSPORT) Birthdate (D/M/Y) | Academic program reg? | | Special meal requirements (vegetarian etc) |
|---|--|-----------------------|----|---|
| | | Yes | No | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

IF YOU ARE INTERESTED IN MAKING A PRESENTATION, PLS LET US KNOW YOUR SUBJECT

PASSPORT INFORMATION

| | Passport No. | Date of issue (D/M/Y) | Date of expiry (D/M/Y) | Place of issue | Profession | Nationality |
|---|--------------|--------------------------|---------------------------|----------------|------------|-------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

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 INFORMATION (ALL PRICING IN CANADIAN \$)
(Enter the applicable price for each component for each passenger)

| | Client #1 | #2 | #3 | TOTAL |
|---|-----------|----|----|-------|
| 1. CME Cultural & Gastronomical tour of Spain | | | | |
| Per person (double occupancy) - \$7,295 (if booked by June 20, 2022) | | | | |
| Per person (double occupancy) - \$7,795 (if booked after June 20, 2022) | | | | |
| Premium economy class supplement (exc Seville-Madrid flight which is in economy) - \$1,380 | | | | |
| Single supplement - \$1,680 (if you're travelling by yourself and in your own room...) | | | | |
| Single share fee - \$300 (if you're single and we find you a roommate...) | | | | |
| 2 Academic program registration fee (\$800 per registrant) | | | | |
| 3 Supplemental taxes and fees (\$715 / person) | | | | |
| 4 Repeat Customer Discount (\$100/person if one previous tour, \$200 for two previous tours, (max) \$300 for three or more previous tours) (Payment must be by CHEQUE to qualify for this discount) | | | | |
| Total amount prior to travel insurance (Note 1 below) | | | | |
| Non-medical inclusive insurance coverage) Note 1 | | | | |
| All inclusive (including medical) insurance coverage) | | | | |
| Premium Protection Plan insurance coverage) | | | | |
| TOTAL INCLUDING TRAVEL INSURANCE | | | | |

Rate is subject to availability at time of booking

PAYMENT INFORMATION

DEPOSIT: \$500 per person **plus insurance premium** **PAYABLE WITH REGISTRATION**

DEPOSIT: An additional deposit is required if seat upgrades are purchased, ie \$200/person for Premium Economy

BALANCE: Due by no later than June 21, 2022 (For registrations received on or after this date, payment is required in full at the time of booking)

PAYMENT METHOD:

Cheque: Please enclose deposit cheque, together with a cheque postdated to June 21, 2022 payable to Doctors-on-Tour

Credit card:

| | | | |
|--|---------------|----------|-----------------------|
| Type (Visa or Mastercard, Amex not accepted) | Credit card # | Exp date | 3 digit security code |
| Name on card | Signature | | |

Your signature above duly authorizes Doctors-on-Tour to bill your credit card for the deposit, as well as to automatically charge your credit card with the balance due on June 21, 2022 as well as any additional chargeable items approved by you in writing (including by electronic mail)

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 Registration Form

Signature (Acceptance of Terms & Conditions)

LAIBILITY WAIVER: My signature herein signifies my acceptance of the Release of Liability Waiver regarding this tour (which is available at <http://www.doctorsontour.ca/liability-waiver.php>) and binds myself and all other tour participants listed on this Registration Form

Signature (Acceptance of Release of Liability Waiver)

CME Program Newsletter updates - please send me future notifications by e-mail **Yes / No** (Circle / highlight one option)

Notes

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 declined: _____ (Signature - passenger #1)
- Valid Passports (expiring no earlier than 3 months after your scheduled departure date from the region) are mandatory for entry into Spain.
An entry visa is not required for Canadian citizens
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).