

**GROUP MEDICAL
DIRECTOR
DR. MEL BORINS**



**CME, BEACH & CULTURAL TOUR OF BALI
APRIL 24 - MAY 10, 2020
REGISTRATION / BOOKING FORM**

**REGISTER BY OCT 17,
2019 AND SAVE
\$1,000 / COUPLE**

NAMES OF PASSENGERS (Title) First name Middle name Last name 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	Date of expiry	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)

1. CME & Cultural Tour of Bali

- Per person (double occupancy) - Cdn\$6,495 (if booked by Oct 17, 2019)
- Per person (double occupancy) - \$6,995 (if booked after Oct 17, 2019)
- Single supplement - \$1,600 (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 (\$750 per registrant)

3. Supplemental taxes and fees (\$660 / person)

4. 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 prior to travel insurance (Note 1 below)

- Non-medical inclusive insurance package) Note 1
- All inclusive (including medical) insurance package)

TOTAL INCLUDING TRAVEL INSURANCE

PAYMENT INFORMATION

DEPOSIT: \$500 per person plus insurance premium (both non-refundable) **PAYABLE WITH REGISTRATION**
BALANCE: Due by no later than Jan 20, 2020 (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 Jan 20, 2020 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 Jan 20, 2020 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)

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)

- A valid passport expiring no earlier than 6 months after your scheduled departure date from Bali is mandatory for entry into Bali.

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).