GROUP MEDICAL DIRECTOR DR. PETER BLOCH



CME & CULTURAL TOUR OF CHINA APRIL 8 - 23, 2016 **REGISTRATION / BOOKING FORM**

REGISTER BY JAN 25, 2016 AND SAVE \$1,000 / COUPLE **CDN\$ PRICING**

| NAMES OF PASS (Title) | SENGERS First name | (EXACTLY AS THEY APPEAR ON YOUR PASSPOR' Middle name Last name | | SPORT) | Birthdate (D/M/Y) | | Academic progr Yes | ram reg? No | Special meal requirements (vegetarian etc) |
|--|--|--|-----------------------------|--------------|--|---------------------|-----------------------|-------------------|--|
| 3 | | | | | | | | | |
| ა | | | | | | | | | |
| IF YOU ARE INTERESTED IN MAKING A PRESENTATION, PLS LET US KNOW YOUR SUBJECT | | | | | | | | | |
| PASSPORT INFORMATION | | | | | | | | | |
| Date of issue Date of expiry | | | | Place of | ionuo | | Drofossion | | Nationality |
| 4 | Passport No. | (D/M/Y) | (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 \$) (Einer the applicable price for each component for each passenger) TOTAL (Enter the applicable price for each component for each passenger) | | | | | | | | | |
| CME & Cultural Tour of China, inc. air from Toronto (14 nights) | | | | | | | | | |
| Per person (double occupancy) - \$6,995 (if booked by Jan 25, 2016) | | | | | | | | | |
| Per person (double occupancy) - \$7,495 (if booked after Jan 25, 2016) | | | | | | | | | |
| Business class supplement (Toronto-Beijing-Toronto sectors only) - \$2,400 | | | | | | | | | Rate is subject to availability at time of booking |
| | | | | | | | | | time of booking |
| Single supplement - \$1,700 (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 (\$600 per registrant) | | | | | | | | | |
| 3 Supplemental taxes and fees (\$680 / 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 insurance package | | | Note 1 | | | | | | |
| Deluxe (including medical) insurance package) | | | | | | | | | |
| TOTAL INCLUDING TRAVEL INSURANCE | | | | | | | | | |
| PAYMENT INFORMATION | | | | | | | | | |
| DEPOSIT: | \$500 per person | | plus insurance pro | emium | (both non-refur | idable) | PAYABLE WIT | H REGISTRATIO | N |
| BALANCE: | Due by no later than Jan | 29, 2016 (For registration | ns received on or after thi | is date, pay | yment is required | in full at the time | of booking) | | |
| PAYMENT METH | | | | | | _ | | | |
| Cheque: | Please enclose deposit ch | neque, together with a ch | eque postdated to Jan 29 | 9, 2016 pa | yable 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 well as any additional cha | | | | | to automatically of | charge your credit | card with the bal | ance due on Jan 29, 2016 as |
| 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 Notes | | | | | Yes / No | (Circle / highlig | ht one option) | | |
| 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 1. 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 dec | clined: | | | (Signatur | re - passenger #1 |) | | | |

- It is also your responsibilty to obtain a tourist entry visa for China.
- 2. Valid Passports (expiring no earlier than 6 months after your scheduled departure date from China are mandatory for entry into China.
- 3. Business class upgrade costs above are subject to confirmation of both availability and rate at the actual time of booking
- 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 4. (fax), info@doctorsontour.ca (e-mail) . For additional information, please call 416-231-8466, toll free 1-855-doc-tour (362-8687).