



CME, CULTURAL & SAFARI TOUR OF SOUTH AFRICA OCT 10 - 25, 2016 REGISTRATION / BOOKING FORM (OPTIONAL VICTORIA FALLS EXTENSION)

REGISTER BY MAY 30, 2016 AND SAVE \$1,000 / COUPLE

NAMES OF PAS (Title)	SENGERS First name	(EXACTLY AS THEY APPEAR ON YOUR PASSPORT) Middle name Last name			Birthdate (D/M/Y)		Academic program reg? Yes No		Special meal requirements (vegetarian etc)
1	Tilstriame	Wildle Harrie	Lastrianie		Diffidate (D/W/	')	163	140	
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 is	ssue		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 INFOR	MATION				Client #1	#2	#3		TOTAL
(Enter the applicable price for each component for each passenger)									
1. CME, Cultural & Safari Tour South Africa									
Per person (double occupancy) - \$7,295 (if booked by May 30, 2016)									
Single share fee - \$300 (if you're single and we find you a roommate)									
Single supplement - \$1,600 (if you're travelling by yourself and in your own room)									
2 Academic pr	ogram registration fee (
3 Supplemental taxes and fees (\$690 / person)									
4 Extension -	Victoria Falls (3 days) - \$	61,990 / person (double occu	pancy, inc taxes)						
	ment for Victoria Falls exte								
	omer Discount (\$100/pe irs, (max) \$300 for three	200 for two							
(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)									
Delake (melading	medical) insurance packag								
TOTAL INCLUD	NG TRAVEL INSURANC	E							
DAYMENT INFORMATION									
PAYMENT INFORMATION DEPOSIT: \$500 per person (\$700 if taking Vic Falls extension) plus insurance premium (both non-refundable) PAYABLE WITH REGISTRATION									
BALANCE:		27, 2016 (For registrations rec			•		ooking)		
PAYMENT METH	HOD:								
Cheque:	Please enclose deposit of	heque, together with a cheque	postdated to Jun 27, 20	16 payable	e to Doctors-on-T	Γour			
Credit card:									
	Type (Visa or Mastercard	d, Amex not accepted) Cre	dit card #				Exp date		3 digit security code
	Name on card				Signature				
		v outborizes Dostors on Tour t	a hill your aradit aard far	r tha dana	Signature	u tomotically obar	an vinus aradit ans	d with the belones	due on lun 27, 2016 on well on
		y authorizes Doctors-on-Tour to items approved by you in writing			sit, as well as to a	lutomatically char	ge your credit car	a with the balance	e due on Jun 27, 2016 as well 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									
	ants listed on this Registra		ar aria biride myeen aria						
					Signature (Acceptance of Terms & Conditions)				
CME Program Newsletter updates - please send me future notifications by e-mail					Yes / No	(Circle / highligh	t 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)									
2. Valid Passports (expiring no earlier than 30 days after your scheduled departure date from South Africa) are mandatory for entry into South Africa. Canadian citizens do not require an entry visa.									

³ 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 1459 (fax), info@doctorsontour.ca (e-mail). For additional information, please call 416-231-8466, toll free 1-855-doc-tour (362-8687).