**GROUP MEDICAL** DIRECTOR DR. MEL BORINS



## CME, BEACH & CULTURAL TOUR OF BALI APRIL 9 - 25, 2021 **REGISTRATION / BOOKING FORM**

**REGISTER BY DEC 21, 2020 AND SAVE** \$1,000 / COUPLE

**CDN\$ PRICING!!** 

| DID YOU KNOW ? - ONLINE REGISTRATION FOR THIS PROGRAM IS ALSO NOW AVAILABLE AT >  |                                       |                          |                             |                |  |  | https://fs22.formsite.com/Doctorsontour/BALI2104/index.html |                    |   |  |
|---|---------------------------------------|--------------------------|-----------------------------|----------------|--|--|---|--------------------|---|--|
| NAMES OF PASSENGERS (Title) First name (EXACTLY AS THEY APPEAR ON YOUR PASSPORT) Middle name Last name  |                                       |                          |                             |                | Birthdate (D/M/Y)                        |  | Academic prog<br>Yes  | ram reg?<br>No     | Special meal requirements (vegetarian etc)            |  |
| 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 i     | 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:                                  |  |   |                    |   |  |
|   | MATION (ALL PRICING IN                |                          |                             |                | Client #1                                | #2   | #3  |                    | TOTAL   |  |
| (Enter the applicable price for each component for each passenger)  |                                       |                          |                             |                |  |  |   |                    |   |  |
| 1. CME & Cultural Tour of Bali Per person (double occupancy) - Cdn\$5,995 (if booked by Dec 21, 2020)   |                                       |                          |                             |                |  |  |   |                    |   |  |
| Per person (double occupancy) - \$6,495 (if booked after Dec 21, 2020)  |                                       |                          |                             |                |  |  |   |                    |   |  |
| Rate is subject to availability   |                                       |                          |                             |                |  |  |   |                    | Rate is subject to availability at time<br>of booking |  |
| Single supplement - \$1,500 (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 Supplementa   | al taxes and fees (\$660 / p          | 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 coverage ) Note 1   |                                       |                          |                             |                |  |  |   |                    |   |  |
| All inclusive (including medical) insurance coverage )  |                                       |                          |                             |                |  |  |   |                    |   |  |
| Premium Protection Plan insurance coverage )  |                                       |                          |                             |                |  |  |   |                    |   |  |
| TOTAL INCLUDING TRAVEL INSURANCE  |                                       |                          |                             |                |  |  |   |                    |   |  |
| PAYMENT INFORMATION   |                                       |                          |                             |                |  |  |   |                    |   |  |
| DEPOSIT:  |                                       | us insurance premium     | (both non-refunda           | ıble)          | PAYABLE WIT                              | TH REGISTRATION                              | ON  |                    |   |  |
| DEPOSIT:  |                                       |                          |                             |                |  |  |   |                    |   |  |
| <b>BALANCE:</b> Due by no later than Feb 3, 2021 (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 Feb 3, 2021 payable to Doctors-on-Tour  |                                       |                          |                             |                |  |  |   |                    |   |  |
| -   |                                       |                          |                             | c, pu,         |  |  |   |                    |   |  |
| Credit card:  | Type (Visa or Mastercard              | I, Amex not accepted)    | Credit card #               |                |  |  | Exp date  |                    | 3 digit security code                                 |  |
|   | Name of and                           |                          |                             |                | Oi-mark and                              |  |   |                    |   |  |
|   | Name on card Your signature above dul | v authorizes Doctors-on- | Tour to bill your credit ca | ard for the de | Signature                                | s to automatically                           | charge vour credi   | t card with the ha | lance due on Feb 3, 2021 as                           |  |
|   | well as any additional cha            |                          |                             |                |  |  |   |                    |   |  |
| 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  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 declined: (Signature - passenger #1)  |                                       |                          |                             |                |  |  |   |                    |   |  |
|   |                                       |                          |                             |                | . 5 "                                    |  |   |                    |   |  |

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