



## CME & CULTURAL TOUR OF BALI JUNE 15 - JULY 1, 2013 REGISTRATION / BOOKING FORM



1-

NAMES OF PAS	PASSENGERS (EXACTLY AS THEY A Middle name		PPEAR ON YOUR PASSPORT) Last name		Birthdate (D/M/Y)		Academic program reg? Yes No		Special meal requirement (vegetarian etc
1						·			
2									
3									
4									
IE VOU ADE INT	EDECTED IN MAKING A	DDECENTATION DICLET	HE KNOW YOUR CH	ID IECT					
IF YOU ARE INTERESTED IN MAKING A PRESENTATION, PLS LET US KNOW YOUR SUBJECT  PASSPORT INFORMATION									
PASSPURT INK	Passport No.	Date of issue	Date of expiry	Place of is	ssue		Profession		Nationality
1									
2									
3									
4									
CONTACT DETAILS (Address is where travel documents will be forwarded to)									
CONTROL DELLA	1120	(Address is where travere	odinents will be forw	araca to)					
Street					Apt #	City		Province	Postal code
Tel (home):		Tel (bus):	Fax:			e-mail:			
PRICING INFOR	MATION				Client #1	#2	#3		TOTAL
	price for each component for each	ch passenger)			Ciletit #1	#2	#3		TOTAL
1. CME & Cultural Tour of Bali (15 days)									
Per person (double occupancy) - \$6,195 (if booked by Feb 28, 2013)									
Per person (double occupancy) - \$6,495 (if booked after Feb 28, 2013)									
	Business class supplement re flight from Toronto - Bali (return) - \$on request								(Enquire for costs)
Single supplement - \$1,350 (if you're travelling by yourself and in your own room)									
Single share matching fee - \$300 (if you're single and we find you a roommate)									
2 Academic program registration fee (\$400 per registrant)									
3 Supplemental taxes and fees (\$485 / person)									
4 Repeat Customer Discount (maximum 3%, on items #1 only)									
Enter discount % on this line (see brochure, page 17) >									
(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 packa	ge )							
TOTAL INCLUDE	NG TRAVEL INSURANCE	=							
TOTAL INCLUDING TRAVEL INSURANCE									
PAYMENT INFO					(la a t la a a a a a f a a	-d-bl-)	DAVADI E MIT	U DECICEDATI	N.
DEPOSIT: BALANCE:	\$500 per person  Due by no later than Mar	ch 12, 2013 (For registration	plus insurance pr is received on or after		(both non-refur	•		H REGISTRATIO	JN
PAYMENT METH	•			, -	-,				
Cheque:	Please enclose deposit of	cheque, together with a cheq	ue postdated to March	12, 2013				payable to	"ON-TOUR.CA"
Credit card:									
	Type (Visa or Mastercard	d) C	redit card #				Exp date		I
	Name on card				Signature				
		ly authorizes "on-tour.ca" to	bill your credit card for	r the deposi		utomatically charg	ge your credit card	d with the balance	e due on March 12, 2013 as
		argeable items approved by							
TERMS & COND	ITIONS: My signature here	ein signifies my acceptance o	of the Terms & Condition	ons					
provided to me as part of the detailed information package regarding this tour and binds myself and all other tour participants listed on this Booking Form									
other tour particip	ants listed on this booking	roiiii			Signature (Acc	eptance of Terms	& Conditions)		
Notes	ecommend that you take a	out travel incurance for this to	in To calculate and a	enter vour	•	•	,		
<ol> <li>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,</li> </ol>									
passenger #1 must sign this section on behalf of all passengers. Insurance declined: (Signature - passenger #1)									
2. Valid Passports (expiring no earlier than 6 months after your scheduled departure date from Bali are mandatory for entry into Bali.									

3. Registration Forms should be mailed (if cheque payment) to doctors-on-tour.ca, 20 Princeton Road, Toronto, On., M8X 2E2 or by fax, mail or e-mail (scan) (if credit card payment) to 888-612-1459 (fax), info@doctors-on-tour.ca (e-mail) . For additional information, please call 416-231-8466, toll free 1-855-doc-tour (362-8687).