GROUP LEADER	doctors- n-tour.ca meeting and vacation concepts					
DR. MEL BORINS,	BEACH AND CULTURE IN BALI APRIL 25 - MAY 11, 2015 BOOKING FORM					

NAMES OF PASSENGERS (Title) First name		(EXACTLY AS THEY APPEAR ON YOUR PASSPORT) Middle name Last name			Birthdate (D/M/)	()	Special meal requirements (vegetarian etc)			
1										
2										
3										
PASSPORT INFO	PRMATION Passport No.	Date of issue	Date of expiry P	lace of iss	sue		Profession		Nationality	
1										
2										
3										
CONTACT DETA		(Address is where travel	decumente will be forward	ad ta)						
CONTACT DETA	123	(Address is where travel	documents will be forward	ed (0)						
Street					Apt #	City		Province	Postal code	
					, ape in	ony		11011100		
Tel (home):		Tel (bus):	Fax:		e-mail:					
		. ,								
	rice for each component for each		Client #1	#2	#3		TOTAL			
1. Beach & Cult		5								
Per person (double occupancy) - \$5,795 Business class supplement re flights - \$on request									Enquire for costs	
	nomy class supplement (To		soctors only) \$1,400						Rate is subject to availability at time of booking	
	ment - \$1,300 (if you're trav			-					time of booking	
	ee - \$300 (if you're single a									
0		,		_						
2 Supplementa	I taxes and fees (\$565 / p	erson)		_						
previous tour	omer Discount (\$100/pers rs, (max) \$300 for three p	revious tours)	\$200 for two							
	t be by CHEQUE to qualify									
Total amount prior to travel insurance (Note 1 below)										
Non-medical insur	ance package)	Note 1	_						
Deluxe (including medical) insurance package)										
TOTAL INCLUDING TRAVEL INSURANCE										
PAYMENT INFOR	RMATION									
DEPOSIT:		s insurance premium	(both non-refundable)			H REGISTRATIO				
DEPOSIT: BALANCE:			re purchased, ie \$200/pers					SS		
PAYMENT METH		o, 2015 (For registrations	s received on or after this d	ate, paym	ient is required in	i iuli al llie liifie o	i booking)			
Cheque:		eque, together with a che	que postdated to Jan 20, 2	2015 payal	ble to Doctors-o	n-Tour				
Credit card:										
	Type (Visa or Mastercard,	Amex not accepted)	Credit card #				Exp date		3 digit security code	
	Name on card			_	Signature					
		authorizes Doctors-on-T	our to bill your credit card fo			o automatically cl	narge vour credit	card with the bala	ance due on Jan 20, 2015 as	
			y you in writing (including b							
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 / highligh	t one option)			
Notes We strongly re	commend that you take ou	t travel insurance for this	trip. To calculate, and enter	ar vourins	surance premiun	n nlease select th	e premium per pr	erson (based on)	your age and "total amount	
1. prior to travel i	insurance") from the insura surance above is only eligit	nce tables in our brochur	e. If insurance is not purcha	ased, pass	senger #1 must	sign this section of	on behalf of all pa	ssengers	-	
Insurance dec	lined:		(5	Signature ·	- passenger #1)					
2. A valid passport expiring no earlier than 6 months after your scheduled departure date from Bali is mandatory for entry into Bali.										
A tourist entry visa is required for entry into Bali - this may be obtained upon arrival in Denpasar, Bali.										

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