**GROUP MEDICAL** DIRECTOR DR. MEL BORINS,



## **CME & CULTURAL TOUR OF BALI** APRIL 25 - MAY 11, 2015 REGISTRATION / BOOKING FORM

**REGISTER BY** DEC 22, 2014 AND SAVE \$600 / COUPLE !!

NAMES OF PAS	SENGERS	(EXACTLY AS THEY APPEAR ON YOUR PASSPORT)					Academic program reg?		Special meal requirements (vegetarian etc)
(Title)	First name	Middle name	Last name		Birthdate (D/M/	Y)	Yes	No	
1									
2									
3									
IF YOU ARE INT	ERESTED IN MAKING A F	RESENTATION, PLS LE	ET US KNOW YOUR SU	BJECT					
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:				
(Enter the applicable p	MATION price for each component for each	n passenger)			Client #1	#2	#3	•	TOTAL
CME & Cultural Tour of Bali									
Per person (double occupancy) - \$5,495 (if booked by Dec 22, 2014)									
Per person (c	Per person (double occupancy) - \$5,795 (if booked after Dec 22, 2014)								
Business class supplement re flights - \$on request									Enquire for costs
Premium economy class supplement (Toronto-Hong Kong-Toronto sectors only) - \$1,400									Rate is subject to availability at time of booking
Single supplement - \$1,300 (if you're travelling by yourself and in your own room)									
Single share	fee - \$300 (if you're single	and we find you a roomn	nate)						
2 Academic program registration fee (\$550 per registrant)									
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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									
	medical) insurance packa	ge )							
TOTAL INCLUDING TRAVEL INSURANCE									
PAYMENT INFORMATION									
DEPOSIT: \$500 per person plus insurance premium (both non-refundable) PAYABLE WITH REGISTRATION									
DEPOSIT:	An additional deposit is		•			-		class	
BALANCE: Due by no later than Jan 20, 2015 (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 Jan 20, 2015 payable to Doctors-on-Tour									
-	Tiodos choises deposit s	neque, tegerner man a e.	ioquo postantos to carr	20, 2010 pc	yabio to Bootoro	0100.			
Credit card:	Type (Visa or Mastercard	I, Amex not accepted)	Credit card #				Exp date		3 digit security code
	,	. ,					·		ů ,
	Name on card				Signature				-
	Your signature above du well as any additional cha					s to automatically	y charge your cred	lit card with the b	palance due on Jan 20, 2015 as
	·		,,	0 ,	· ·				
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 / highli	ght one option)		
Notes									
	ecommend that you take of insurance") from the insur								on your age and "total amount
	nsurance above is only elig								provider.
Incurance de	clined:			(Signatur	e - naccongor #4	)			
Insurance declined: (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
- 4. 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).