

**GROUP MEDICAL DIRECTOR
DR. RACHEL KASSNER**



**CME, CULTURAL & ECOLOGICAL TOUR OF BRAZIL
MARCH 10 - 23, 2013
REGISTRATION / BOOKING FORM
(OPTIONAL EXTENSION TO PARATY)**

NAMES OF PASSENGERS	(EXACTLY AS THEY APPEAR ON YOUR PASSPORT)				Birthdate (D/M/Y)	Academic program reg?		Special meal requirements (vegetarian etc)
	(Title)	First name	Middle name	Last name		Yes	No	
1								
2								
3								
4								

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 issue	Profession	Nationality
1						
2						
3						
4						

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 INFORMATION

(Enter the applicable price for each component for each passenger)

	Client #1	#2	#3	TOTAL
1. Cultural, ecological & CME Tour of Brazil				
Per person (double occupancy) - \$6,295				
Single supplement - \$1,300 (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 Extension - Paraty (3 days) - \$835 / person, inc. taxes (doubleoccupancy)				
Single supplement for Paraty extension (\$340)				
5 Repeat Customer Discount (maximum 3%, on items #1, 4 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 package)				
TOTAL INCLUDING TRAVEL INSURANCE				

PAYMENT INFORMATION

DEPOSIT: \$600 per person (\$800 if taking Paraty extension) plus insurance premium (both non-refundable) **PAYABLE WITH REGISTRATION**

BALANCE: Due by no later than Dec 5, 2012 (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 Dec 5, 2012 payable to **"ON-TOUR.CA"**

Credit card: _____
 Type (Visa or Mastercard) _____ Credit card # _____ Exp date _____
 Name on card _____ Signature _____

Your signature above duly authorizes "on-tour.ca" to bill your credit card for the deposit, as well as to automatically charge your credit card with the balance due on Dec 5, 2012 as well as any additional chargeable items approved by you in writing (including by electronic mail)

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 Booking Form

Signature (Acceptance of Terms & Conditions)

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. Insurance declined: _____ (Signature - passenger #1)
- Valid Passports (expiring no earlier than 6 months after your scheduled departure date from Brazil are mandatory for entry into Brazil. It is also your responsibility to obtain a tourist entry visa for Brazil
- 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).