GF	GROUP MEDICAL						REGISTER BY			
	DIRECTOR CME & CULTURAL TOUR OF EASTER				TERN EUR	ERN EUROPE			021 & SAVE COUPLE	
DR. LORNA D'SILVA,										
MISSISSAUGA, ON. SEP 23 - OCT 8, 2021 REGISTRATION / BOOKING FORM										
NAMES OF PASSENGERS (Title) First name		(EXACTLY AS THEY APPEAR ON YOUR PASSPORT) Middle name Last name		Birthdate (D/M/Y)		Academic progr Yes	am reg? 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 Date of issue Date of expiry										
	Passport No. (D/M/Y)		(D/M/Y) Place of		issue		Profession		Nationality	
1						_				
2				_		-				
3				-		_				
CONTACT DETA	ILS	(Address is where travel	documents will be forwar	ded to and n	nust be same as	the billing addres	s on your credit ca	ard used for payr	nent)	
Street					Apt #	City		Province	Postal code	
Chool					7 (p c //	ony		11011100		
Tel (home):		Tel (bus):	Fax:		e-mail:					
PRICING INFORI	MATION (ALL PRICING IN	CANADIAN \$)			Client #1	#2	#3		TOTAL	
(Enter the applicable p	price for each component for each	n passenger)								
	ral Tour of Eastern Europ									
Per person (double occupancy) - \$6,995 (if booked before April 5, 2021)										
Per person (double occupancy) - \$7,495 (if booked after April 5, 2021) Single supplement - \$1,480 (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 Supplemental taxes and fees (\$735 / person)										
Repeat Customer Discount (\$100/person if one previous tour, \$200 for two previous tours, (max) \$300 for three or more previous tours) (Payment must be by CHEQUE to qualify for this discount)										
Total amount prior to travel insurance (Note 1 below)										
Non-medical inclu	usive insurance package)	Note 1							
All inclusive (inclu	iding medical) insurance p	ackage)								
Premium Protection Plan insurance coverage										
TOTAL INCLUDING TRAVEL INSURANCE										
PAYMENT INFO							•			
DEPOSIT:	\$500 per person		plus insurance pren	nium	(both non-refu	ndable)	PAYABLE WITH	REGISTRATIO	N	
BALANCE: Due by no later than July 20, 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 July 20, 2021 payable to Doctors-on-Tour										
-				,						
Credit card:	Type (Visa or Mastercard	, Amex not accepted)	Credit card #				Exp date		CCV (3-digit # on back of card	
	Name on card				Signature					
		y authorizes Doctors-on-10 argeable items approved by				automatically ch	arge your credit ca	ird with the balan	ice due on July 20, 2021 as	
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 prior 1. 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.										
Incurance d-	dined			(Signature	a - naccor	1)				
Insurance declined: (Signature - passenger #1) Valid Passports (expiring no earlier than 3 months after your scheduled departure date from Eastern Europe are mandatory for entry into the countries on this itinerary. Canadian citizens do not require 2. any entry visas.										

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).

EASTEURO2109 - Registration Form - 210208