AS SEEN IN DOCTORS
REVIEW & MEDICAL POST
- OUR 17TH GALAPAGOS
CME TOUR



CME & ECOLOGICAL TOUR OF ECUADOR & THE GALAPAGOS

REGISTER BY MAY 13, 2019 AND SAVE \$1,000 / COUPLE

Special meal requirements

NOV 25 - DEC 10, 2019 REGISTRATION / BOOKING FORM (OPTIONAL PERU EXTENSION)

NAMES OF PASSE (Title)			RT)	Birthdate (D/M/Y)		Academic program reg? Yes No		(vegetarian etc)	
1	LIGHT HATTO		Difficulty (D/M/T)		100	110			
2									
3									
IF YOU ARE INTERESTED IN MAKING A PRESENTATION, PLS LET US KNOW YOUR SUBJECT									
PASSPORT INFOR	MATION		Date of expiry						
	Passport No.	Date of issue (D/M/Y)	(D/M/Y)	Place of issue			Profession		Nationality
1									
2									
3									
CONTACT DETAIL	s	(Address is where trave	I documents will be forwarded						
Street					Apt #	City		Province	Postal code
Tal (hana)		Tal (bush)	Fax:						
Tel (home):		Tel (bus):	Fax:			e-mail:			
PRICING INFORMATION (all prices in CANADIAN \$)					Client #1	#2	#3		TOTAL
(Enter the applicable price for each component for each passenger) 1. CME & Ecological Tour of Ecuador & the Galapagos									
Per person (double occupancy) - \$10,495 - registrations until May 6, 2019									
Per person (double occupancy) - \$10,995 - registrations after May 6, 2019									
Cabin upgrades	on M/N Santa Cruz II (base	e price above includes Ho	orizon Deck, Explorer double c	abin) -					
Upgrade to Expedition Deck, Explorer double cabin - \$400 / person									
	Upgrade to Panorama Deck, Explorer double cabin - \$700 / person								
Upgrade to Pa	norama Deck, Darwin Suite	e - \$1,400 / person							Rate is subject to availability at time of
	supplement re international								booking
Single supplement - \$2,650 Horizon Deck, Explorer Cabin (if you're travelling by yourself and in your own room). Upgraded cabins - add 50% of upgrade supplement above.									
Single share ma	tching fee - \$300 (if you're	single and we find you a	roommate)						
2 Academic program registration fee (\$700 per registrant)									
3 Supplemental t	axes and fees (\$685 / per	son)							
3 Supplemental taxes and fees (\$685 / person) Extension into Peru (5 nights) - \$3,280/person (double occupancy) plus taxes of									
4 \$490/person)									
Single supplement for Peru extension (\$780)									
5 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 inclusive insurance package) Note 1									
All inclusive (including medical) insurance package)									
TOTAL INCLUDING TRAVEL INCLUDANCE									
TOTAL INCLUDING TRAVEL INSURANCE									
PAYMENT INFORMATION DEPOSIT: \$600 (\$1,000 if taking Peru extension) per person plus insurance premium (bc						1=)	DAVADI E MITI D	ECICED ATION	
DEPOSIT:	\$600 (\$1,000 if taking Peru extension) per person plus insurance premium (both non-refundable) PAYABLE WITH REGISTI Upgrades to business class seats need to be paid in full at the time of booking							EGISTRATION	
BALANCE:			ions received on or after this of	date, payment is	required in full at the	time of booking)			
PAYMENT METHOD:									
Cheque:	Please enclose deposit ch	neque, together with a che	eque postdated to August 12, 2	2019 payable to	Doctors-on-Tour				
Credit card:	Type (Visa or Mastercard	<u> </u>	Credit card #				Exp date		
	Type (VISa or Mastercard)	Credit card #				Exp date		
	Name on card				Signature				
			our to bill your credit card for titing (including by electronic m		vell as to automaticall	ly charge your credit of	ard with the balance	due on August 12	, 2019 as well as any
	additional chargeable iter	iis approved by you iii wii	ung (including by electronic in	aii)					
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 to travel insurance") 1. from the insurance tables in our brochure. If insurance is not purchased, passenger #1 must sign this section on behalf of all passengers									
			Residents of other countries sl				insurance provider.		
Insurance declined: (Signature - passenger #1)									
2. Valid Passports (expiring no earlier than 6 months after your scheduled departure date from Ecuador/ Peru) are mandatory for entry into Ecuador / Peru.									
An entry visa is not required for Canadian citizens.									
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).