



CME, ECOLOGICAL & CULTURAL TOUR OF ECUADOR (GALAPAGOS) & PERU NOV 13 - 28, 2021 REGISTRATION / BOOKING FORM



	DID YOU KNOW ? - ONLINE REGISTRATION FOR THIS PROGRAM IS ALSO NOW AVAILABLE AT >						https://fs22.formsite	e.com/Doctorsontour/	GALPERU2111R	egForm/index.html	
1       1											
Particle NUMBER       Protect is not (NM)	1										
Particle NUMBER       Protect is not (NM)	2										
Particle NUMBER       Protect is not (NM)	3					_					
<ul> <li></li></ul>	IF YOU ARE INTERESTED IN MAKING A PRESENTATION, PLS LET US KNOW YOUR SUBJECT										
1       1											
2		Passport No.	Date of issue (D/M/Y)	(D/M/Y)	Place of issue			Profession		Nationality	
Control	·										
Strett       April       Op       Province       Province </td <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	3										
Tele (denset) Tele (denset)   Cele cele I e-mail   Cele cele I eff   Cele cele I eff eff   Cele cele II eff eff   Cele cele III eff eff   Per perior (deable ciculary To or all celes of celes celes III) eff   Per perior (deable ciculary To or all celes that the tele celes celes III) eff   Per perior (deable ciculary To or all celes that the tele celes celes III) eff   Up the tele celes celes celes celes celes celes celes III) eff   Up the tele celes cele	CONTACT DETAILS (Address is where travel documents will be forwarded to and must be the same address as the billing address of your credit card used for payment)										
Clinit of Clini	Street					Apt #	City		Province	Postal code	
Clinit of Clini											
Unit to do under the do under the do update part of the second (black par	Tel (home):		Tel (bus):	Fax:			e-mail:				
1. OF Construct 3 4 Cuture Tar or Economy (500 Fingle conjunt) 3 221											
Pare provide society Pare provide society   Calce provide society Pare provide society   Upged to 5 provide society Pare provide society   Upged to 5 provide society Pare provide society   Upged to 5 provide society Pare provide society   Society provide society Pare provide society   Provide society Pare provide society   Provide society Pare provide society   Provide society Pare provide society   Provide society Pare provide society   Provide society Pare provide society   Provide society Pare provide society   Provide society Pare provide society   Provide society Pare provide society   Provide society Pare provide society   Provide society Pare provide society   Provide society Pare provide s											
Calculation Calculation   Construction Calculation   Upgrade to Taxes Explorer double calculation   Upgrade to Taxes Explorer double calculation   Upgrade to Taxes Explorer double calculation   Single acceleration Explorer double calculation   (synamic acceleration Interview double calculation	Per person (double occupancy) - \$11,495 - registrations until August 9, 2021										
Upgrade to Explore double color - 9400 / perion (500 d) angle occupancy)   Upgrade to Parama Dock, Explore double color - 9400 / perion (500 d) angle occupancy)   Upgrade to Parama Dock, Explore double color - 9400 / parks angle and in you can monitable)   Single superiment - 12-4.00 (f) you're single and up fingly our canomicable)   Single superiment - 12-4.00 (f) you're single and up fingly our canomicable)   Single superiment - 12-4.00 (f) you're single and up fingly our canomicable)   Single superiment - 12-4.00 (f) you're single and up fingly our canomicable)   Single superiment - 12-4.00 (f) you're single and up fingly our canomicable)   Single superiment - 12-4.00 (f) you're single and up fingly our canomicable)   Single superiment - 12-4.00 (f) you're single and up fingly our canomicable)   Single superiment - 12-4.00 (f) you're single and up fingly our canomicable)   Single superiment - 12-4.00 (f) you're single and up fingle superiments)   Single superiment - 12-4.00 (f) you're single and up fingle superiments)   Single superiment - 12-4.00 (f) you're single and up fingle superiments)   Single superiment - 12-4.00 (f) you're single and up fingle superiments)   Preimain Protection - Diverse Insurance (f) you're fingle superiments - Diverse - Diver											
Upgrade to Parocress Dedd. Explorer dudie color. 3770 / period (53.000 if alight acquency)   Upgrade to Parocress Dedd. Explorer to the elight of your at monode in you and you you you you and											
Single augulance: 12,400 (fyou're travelling by journel and in you're momentabil)   Single augulance: 12,000 (fyou're travelling by journel and in you're momentabil)   2 Academic program registration fee (St0 per registration)   3 Single augulance:   4 Academic program registration fee (St0 per registration)   5 Single augulance:   6 Single augulance:   6 Non-model   1 1											
Single share metability       Gender program registration for \$300 per projects in the provious toors \$200 for two provious toors	Upgrade to Panorama Deck, Darwin Suite - \$1,500 / person (\$3,000 if single occupancy										
2 Academic program registration fiel (\$800 per registram)   3 Supplemental taxes and fees (\$715 / person)   5 Sequence of the provide storm?   (Perpret must be try CHEQUE to qualify for this discourd)   7 Column registration fiel (\$800 per registram)   7 Column registration fiel (\$800 per registram)   8 Association of the per benome to the provide storm?   (Perpret must be try CHEQUE to qualify for this discourd)   7 Column registration field (\$800 per registram)   8 Association of the per benome to the provide storm?   9 Note 1   41 Including mediation insurance coverage   9 Note 1   41 Including mediation insurance coverage   9 Pertuan Protection Plan insurance coverage   9 Provide transmission of the the period period (\$800 per registram)   9 Provide transmission of the the period period (\$800 per registram)   9 Provide transmission of the period period (\$800 per registram)   9 Provide transmission of the period period (\$800 per period)   9 Provide transmission of the period period (\$800 per registram)   9 Provide transmission of the period period (\$800 per registram)   9 Provide transmission of the period period (\$800 per period)   9 Provide transmission of the period (\$800 per registram)   9 Provide transmission of the period (\$800 per registram)   9 Provide transmission of the period (\$800 per registram)   9 Provide transmission of the perio											
3       Supplemental taxes and fees (\$715 / presin)         5       Repeat Customer Discount (\$100 perion if one previous tours, \$200 for two pr											
5 Repeat Customer Discount (\$100/person if one previous tour; \$200 for two previous (previous tour; \$200 for two previous tou; \$200 for two p											
tor, (ma) \$300 for three previous tours) (Payment must be by CHEQUE to quality for this discount) Total amount prot to travel insurance coverage ) Note 1 All inclusive insurance coverage ) Cover (Surget in the balance due on August 10, 2021 as well as any additional chargeable times approved by you in writing (including by electroin mail) Signature Nore instruction of the Seless of Liability Waiver regarding this tour and binks myself and all other tour participants listed on insurance in Release of Liability Waiver)  CME Program Newsitter updates - please and future notifications by e-mail dot diver tour participants listed on insurance form Signature (Acceptance of Release of Liability Waive											
Total amount prior to travel insurance (Note 1 below)   Non-medical inclusive (insurance coverage )   Non-medical inclusive (insurance coverage )   Non-medical inclusive (insurance coverage )   Premium Protoettic Dela insurance coverage )   Protoettic Dela insurance coverage )   Premium Protoettic Dela insurance coverage )   Protoettic Dela insurance coverage )   Premium Protoettic Dela insurance coverage )   Protoettic D											
Non-medical induityie insurance coverage ) Note 1   All inclusive (including medical) insurance coverage )   Premum Protectice Hain insurance coverage   Premum Protectice Hain insurance coverage   CTAL INCLUDING Kavee   TATAL INCLUDING Kavee   PARABLE WITH REGISTRATION   BALANCE: Due by no later than August 10, 2021 (For registrations received on or after this date, payment is required in full at the time of booking:   PAYABLE WITH REGISTRATION   BALANCE: Due by no later than August 10, 2021 (For registrations received on or after this date, payment is required in full at the time of booking:   PAYABLE WITH REGISTRATION   BALANCE: Type (Visa or Mastercard)   Credit card # Exp date   Credit card # Exp date   Signature   Nome on card   Variandu chargeable teems approved by you in writing (including the deposit, as well as to automatically charge your credit card with the balance due on August 10, 2021 as well as any additional chargeable teems approved by you in writing (including the effective mail)   Signature   Credit card #   Signature   Signature (Acceptance of Terms & Conditions)   Signature (Acceptance of Terms & Conditions)   Signature (Acceptance of Release of Liability Waiver (School cover, pay and binds myself and all other tour participants listed on the deposited and all other tour participants listed on the signature here in signifies my acceptance of the Release of Liability Waiver (Credit and the deposited and all other tour participants listed on the signatizet formation package regarding th											
All inclusive (including medical) insurance coverage ) Premium Protection Plan insurance premium (both non-refundable) Prevent Protection Plan August 10, 2021 (For registrations received on or after this date, payment is required in full at the time of booking Protection Plan August 10, 2021 (For registrations received on or after this date, payment is required in full at the time of booking Protection Plan Protection Plan August 10, 2021 (For registrations received on or after this date, payment is required in full at the time of booking Protection Plan August 10, 2021 (For registrations received on or after this date, payment is required in full at the time of booking Protection Plan Pr											
Premium Protection Plan insurance coverage ) ) Protection reaction of the steps of the decade information package regarding this tour and binds myself and all other tour participants listed on this Registration Form . Signature (Acceptance of Release of Liability Waiver)				lote 1							
PAYMENT INFORMATION       DepOsition       Stop per person       plus insurance premium       (both non-refundable)       PAYABLE WITH REGISTRATION         BALANCE:       Due by no later than August 10, 2021 (For registrations received on or after this date, payment is required in full at the time of booking)       PAYABLE WITH REGISTRATION         PAYMENT METHOD:       Credit card:											
PAYMENT INFORMATION       DepOsition       Stop per person       plus insurance premium       (both non-refundable)       PAYABLE WITH REGISTRATION         BALANCE:       Due by no later than August 10, 2021 (For registrations received on or after this date, payment is required in full at the time of booking)       PAYABLE WITH REGISTRATION         PAYMENT METHOD:       Credit card:											
DEPOSIT: \$700 prepson pus insurance premium (both non-refundable) PAYABLE WITH REGISTRATION   BALANCE: Due yo later than August 10, 2021 (For registrations received on or after this date, payment is required in full at the time of booking)   PVENT MET-UP   Credit: Rease inclose deposit cheque, together with a cheque postdated to August 10, 2021 payable to constrations.   Credit: Type (Visa or Mastercard)   Credit: Credit:   Amme on card   Name on card   Signature   TERMS & CONDUTTors With a cheque between on thing on package regarding this tour and binds myself and all other tour participants listed on fries available at http://www.doctorsontour.callability-waiver.php) and binds myself and all other tour participants listed or forms & Conditions provided to may self and all other tour participants listed or forms & Conditions)   CME Program Newster updates - please send me future notifications by - mainting (including by - encludit, and enter, your insurance per mum, please select the premium per person (based on your age and 'total amount prior to travel insurance)											
PAYMENT METHOD:         Cheque:       Please enclose deposit cheque, together with a cheque postdated to August 10, 2021 payable to Doctors-on-Tour         Credit card:       Type (Visa or Mastercard)       Credit card #       Exp date         Vour signature above duly authorizes Doctors-on-Tour to bill your credit card for the deposit, as well as to automatically charge your credit card with the balance due on August 10, 2021 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 Registration Form       Signature (Acceptance of Terms & Conditions)         LABILITY WAIVER: My signature herein signifies my acceptance of the Release of Liability Waiver regarding this tour (which is available at http://www.doctorsontour.ca/liability-waiver.php) and binds myself and all other tour participants listed on this Registration Form       Signature (Acceptance of Release of Liability Waiver)         CME Program Newsletter updates - please send me future notifications by e-mail       Yes / No       (Circle / highlight one option)         Notes       1.       Yes / No       (Circle / highlight one option)       Notes       1.         Notes       1.       Yes / No       (Circle / highlight one option)       Total amount prior to travel insurance for this trip. To calculate, and enter, your insurance premium, please select the premium per person (based on your				plus insurance premi	um	(both non-refundable	e)	PAYABLE WITH R	EGISTRATION		
Cheque:       Please enclose deposit cheque, together with a cheque postdated to August 10, 2021 payable to Doctors-on-Tour         Credit card:       Type (Visa or Mastercard)       Credit card #       Exp date       CCV (3-digit # on back of card and and card adore ad			ust 10, 2021 (For registration	s received on or after this	date, payment is	required in full at the	time of booking)				
Credit card:       Type (Visa or Mastercard)       Credit card #       Exp date       CCV (3-digit # on back of card #         Name on card       Signature         Your signature above duly authorizes Doctors-on-Tour to bill your credit card the deposit, as well as to automatically charge your credit card with the balance due on August 10, 2021 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 Registration Form       Signature (Acceptance of Terms & Conditions)         LABILITY WAIVER: My signature herein signifies my acceptance of the Release of Liability Waiver regarding this tour (which is available at http://www.doctorsontour.ca/ilability-waiver.php) and binds myself and all other tour participants listed on this Registration Form       Signature (Acceptance of Release of Liability Waiver)         CME Program Newsletter updates - please send me future notifications by e-mail       Yes / No       (Circle / highlight one option)         Notes       .       .       Yes / No       (Circle / highlight one option)			heque, together with a cheque	e postdated to August 10,	2021 payable to	Doctors-on-Tour					
Type (Visa or Mastercard)       Credit card #       Exp date       CCV (3-digit # on back of card         Name on card       Signature         Your signature above duly authorizes Doctors-on-Tour to bill your credit card for the deposit, as well as to automatically charge your credit card with the balance due on August 10, 2021 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 Registration Form       Signature (Acceptance of Terms & Conditions)         LAIBILITY WAIVER: My signature herein signifies my acceptance of the Release of Liability Waiver regarding this tour (which is available at http://www.doctorsontour.ca/liability-waiver,php) and binds myself and all other tour participants listed on this Registration Form       Signature (Acceptance of Release of Liability Waiver)         CME Program Newsletter updates - please send me future notifications by e-mail       Yes / No (Circle / highlight one option)         Notes       1. 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")											
Your signature above duly authorizes Doctors-on-Tour to bill your credit card for the deposit, as well as to automatically charge your credit card with the balance due on August 10, 2021 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 Registration Form       Signature (Acceptance of Terms & Conditions)         LAIBILITY WAIVER: My signature herein signifies my acceptance of the Release of Liability Waiver regarding this tour (which is available at http://www.doctorsontour.ca/liability-waiver.php) and binds myself and all other tour participants listed on this Registration Form       Signature (Acceptance of Release of Liability Waiver)         CME Program Newsletter updates - please send me future notifications by e-mail       Yes / No (Circle / highlight one option)         Notes       1. We stongly 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")	Credit Card.	Type (Visa or Mastercard	) C	redit card #				Exp date		CCV (3-digit # on back of card	
Your signature above duly authorizes Doctors-on-Tour to bill your credit card for the deposit, as well as to automatically charge your credit card with the balance due on August 10, 2021 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 Registration Form       Signature (Acceptance of Terms & Conditions)         LAIBILITY WAIVER: My signature herein signifies my acceptance of the Release of Liability Waiver regarding this tour (which is available at http://www.doctorsontour.ca/liability-waiver.php) and binds myself and all other tour participants listed on this Registration Form       Signature (Acceptance of Release of Liability Waiver)         CME Program Newsletter updates - please send me future notifications by e-mail       Yes / No (Circle / highlight one option)         Notes       1. We stongly 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")		Name on card				Signature					
part of the detailed information package regarding this tour and binds myself and all other tour participants listed on this Registration Form LAIBILITY WAIVER: My signature herein signifies my acceptance of the Release of Liability Waiver regarding this tour (which is available at http://www.doctorsontour.ca/liability-waiver.php) and binds myself and all other tour participants listed on this Registration Form CME Program Newsletter updates - please send me future notifications by e-mail Notes 1. 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")		Your signature above duly				-	v charge your credit c	ard with the balance	due on August 10	, 2021 as well as any	
LAIBILITY WAIVER: My signature herein signifies my acceptance of the Release of Liability Waiver regarding this tour (which is available at http://www.doctorsontour.ca/liability-waiver.php) 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       1. We stongly 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")	part of the detailed information package regarding this tour and binds myself and all other tour participants listed on										
tour (which is available at http://www.doctorsontour.ca/liability-waiver.php) and binds myself and all other tour participants listed on this Registration Form Signature (Acceptance of Release of Liability Waiver) CME Program Newsletter updates - please send me future notifications by e-mail Notes 1. We stongly 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")						Signature (Acceptar	nce of Terms & Cond	itions)			
CME Program Newsletter updates - please send me future notifications by e-mail       Yes / No       (Circle / highlight one option)         Notes       1. 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")	tour (which is available at http://www.doctorsontour.ca/liability-waiver.php) and binds myself and all other tour										
Notes 1. 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")	participants listed on	i uno registration porm				Signature (Acceptar	nce of Release of Lia	bility Waiver)			
1. 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")	CME Program Newsletter updates - please send me future notifications by e-mail						Yes / No (Circle / highlight one option)				
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.	1. We strongly reco								and "total amou	nt prior to travel insurance")	
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. 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).