



## CME, ECOLOGICAL & CULTURAL TOUR OF ECUADOR (GALAPAGOS) & PERU OCT 12 - 26, 2018 REGISTRATION / BOOKING FORM



NAMES OF PASSE					RT)	Distributes (D(MAN)		Academic program reg?		Special meal requirements (vegetarian etc)
(Title)	First name	Middle name	Last r	name		Birthdate (D/M/Y)		Yes	No	
2										
3										
IF YOU ARE INTERESTED IN MAKING A PRESENTATION, PLS LET US KNOW YOUR SUBJECT										
PASSPORT INFOR	MATION			of expiry						
	Passport No.	Date of issue (D/M/Y)	(D/M/	Y)	Place of issue			Profession		Nationality
1			_							
2										
-										
CONTACT DETAILS (Address is where travel documents will be forwarded to)										
Street						Apt #	City		Province	Postal code
Street						Αρι #	City		riovince	r ostar code
Tel (home):		Tel (bus):	Fax:				e-mail:			
	TION .					01: #4	"0	#3		TOTAL
PRICING INFORMATION Client #1 #2 (Enter the applicable price for each component for each passenger)										TOTAL
1. CME, Ecological & Cultural Tour of Ecuador (Galapagos) & Peru										
Per person (double occupancy) - \$10,995 - registrations until June 25, 2018										
Per person (double occupancy) - \$11,495 - registrations after June 25, 2018										
Cabin upgrades on M/N Santa Cruz II (base price above includes Horizon Deck, Explorer double cabin) -										
Upgrade to Explorer Deck, Explorer double cabin - \$400 / person  Upgrade to Panorama Deck, Explorer double cabin - \$600 / person										
Upgrade to Panorama Deck, Darwin Suite - \$1,200 / person										
Business class supplement re international flights - \$2,800 / person (Note 3)										Rate is subject to availability at time of booking
Single supplement (if you're travelling by yourself and in your own room/cabin)										
- Voyageur Single cabin, Horizon Deck (\$2,350)										
- Explorer cabin, Horizon Deck (double cabin on single occupancy basis) (\$2,750)										
Single share matching fee - \$300 (if you're single and we find you a roommate)										
2 Academic prog	ram registration fee (\$65									
3 Supplemental taxes and fees (\$675 / person)										
5 Repeat Customer Discount (\$100/person if one previous tour, \$200 for two previous tours, (max) \$300 for three previous tours)  (Durscot must be by CUECUE to qualify for this discount)										
(Payment must be by CHEQUE to qualify for this discount)  Total amount prior to travel insurance (Note 1 below)										
	ve insurance package		) Note 1							
	ng medical) insurance pack		) 14010 1							
(	·9 ···		,							
TOTAL INCLUDING TRAVEL INSURANCE										
PAYMENT INFORMATION										
DEPOSIT:	\$700 per person	an anota anod to be a city		insurance premi	um	(both non-refundab	ole)	PAYABLE WITH R	EGISTRATION	
BALANCE:	Upgrades to business clar Due by no later than June	-		_	ate, payment is re	equired in full at the ti	ime of booking)			
BALANCE: Due by no later than June 29, 2018 (For registrations received on or after this date, payment is required in full at the time of booking)  PAYMENT METHOD:										
Cheque:	Please enclose deposit ch	heque, together with a ch	eque postda	ited to June 29, 20	018 payable to D	octors-on-Tour				
Credit card:	T O.F Martin and I	D.	Credit card #					Em late		
	Type (Visa or Mastercard	1)	Credit can	u #				Exp date		
	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 June 29, 2018 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)				l .
CME Program Newsletter updates - please send me future notifications by e-mail						Yes / No (Circle / highlight one option)				
Notes							,	1 7		
We strongly recommend that you take out full (cancellation, interruption and medical) travel insurance for this trip and, under new Ecuadorian Immoigration regulations, proof of medical insurance is mandatory for this tour.  1. 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, the tour. Proof of such medical coverage will be provided to the Ecuadorian Immigration authorities upon arrival into Ecuador. All passengers realize that if such proof of medical coverage is not provided, they will be denied entry into Ecuador.										

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).

GALPERU1810 - Registration Form - 180605

(Signature - passenger #1)
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 upgrade costs above are an estimate and are subject to confirmation of both availability and rate at the actual time of booking