



## CME TOUR & CIRCUMNAVIGATION CRUISE OF ICELAND MAY 6 - 18, 2021 REGISTRATION / BOOKING FORM



DID YOU KNOW? - ONLINE REGISTRATION FOR THIS PROGRAM IS ALSO NOW AVAILABLE AT >							https://fs22.formsite.com/Doctorsontour/ICE2105/index.html			
									Special meal requirements	
NAMES OF PASS (Title)	SENGERS First name		EXACTLY AS THEY APPEAR ON YOUR PASSPORT)  Middle name Last name		Birthdate (D/M/	Υ)	Academic progra Yes	am reg? No	(vegetarian etc)	
1	T iist riaine	Wilder Hame	Last Harric		Birtildate (B/W/	1)	163	140		
2										
3										
IF YOU ARE INTE	RESTED IN MAKING A PI	RESENTATION, PLS LE	T US KNOW YOUR SUI	BJECT						
PASSPORT INFO	RMATION									
	Passport No.	Date of issue (D/M/Y)	Date of expiry (D/M/Y)	Place of is	ssue		Profession		Nationality	
1										
2										
3										
CONTACT DETAI	1.0	(Addross is where trave	dagumanta will be foru	orded to						
CONTACT DETAILS (Address is where travel documents will be forwarded to)										
Street				Apt #	City		Province	Postal code		
Circoi					тире п	Oity		1 10111100	1 ootal oodo	
Tel (home):		Tel (bus):	Fax:		e-mail:					
PRICING INFORMATION (ALL PRICING IN CANADIAN \$ INCLUDING FLIGHTS FROM TORONTO)						#2	#3		TOTAL	
TORONTO)  (Enter the applicable price for each component for each passenger)										
1. CME TOUR & CIRCUMNAVIGATION CRUISE OF ICELAND										
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	ouble occupancy - Categor		•							
	ouble occupancy - Categor es on Ocean Diamond (bas			2021)						
	Category O cabin on Ocean									
	Category D cabin on Ocean									
opgiade to	Dategory D cabin on Occar	ii Diamona - \$2,040 / pei	13011						Rate is subject to availability at	
Business class	s supplement re internation	nal flights (\$2,000 / perso	n)						time of booking	
Single supplement - Pricing available upon request										
Single share f	ee - \$300 (if you're single a	and we find you a roomm	nate)							
2 Other										
Flights are als Vancouver	o available from Vancouve	er - please contact us if re	equire a flight from						(Enquire for costs)	
3 Academic program registration fee (\$800 per registrant)										
4 Supplemental taxes and fees (\$715 / person)										
5 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)										
			Note 1							
All inclusive (including medical) insurance coverage )										
Premium Protection Plan insurance coverage )										
TOTAL INCLUDING TRAVEL INSURANCE										
	RY DESCRIPTIONS P - Outside Cabin, size 19n	m2, 2 portholes, Deck 3								
	O - Outside Cabin, size 19r D - Outside Cabin, size 19r			6						
		nz, piotaro window, book								
PAYMENT INFOR DEPOSIT:	\$1,000 per person		plus insurance pr	remium	(both non-refun	idahla)	PAVARI E WITH	I REGISTRATION		
DEPOSIT:	If you are upgrading to Bu	isiness class an additiona						INCOINTRATIO	-	
BALANCE:	Due by no later than Febru	uary 20, 2021 (For regist	rations received on or al	fter this date	e, payment is requ	uired in full at the	time of booking)			
PAYMENT METH	OD:									
Cheque:	Please enclose deposit ch	neque, together with a ch	eque postdated to Febru	uary 20, 202	21 payable to Doo	ctors-on-Tour				
Credit card:										
	Type (Visa or Mastercard,	Amex not accepted)	Credit card #				Exp date		3 digit security code	
	Name on card				Signature					
	Your signature above duly	authorizes Doctors-on-7	Four to bill your credit ca	rd for the de	eposit, as well as	to automatically of	harge your credit	card with the bal	ance due on February 20,	
	2021 as well as any additi						,		, .	
TERMS & CONDI	TIONS: My signature herei	n signifies my acceptanc	e of the Terms & Condit	ione						
provided to me 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")										
we stongly recommend that you have out have insurance for this lip. To calculate, and enter, your insurance performing, please select the premium per pleasing does on your age and total amount.  I 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.  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.										
ivote: travel in	surance abové is only eligil	DIE FOF Canadian residen	us. Residents of other co	ountries shou	uiu organize theii	uavei insurance	needs infough a l	ocai insurance pr	uviuer.	
Insurance dec	lined:			(Signature	e - passenger #1)	)				
	ts which must have an expi		monthsafter the date of	your sched	uled departure fro	om Iceland.				
A tourist entry	visa is not required for enti-	ry into Iceland								

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 4. (tax), info@doctorsontour.ca (e-mail) . For additional information, please call 416-231-8466, toll free 1-855-doc-tour (362-8687).