CDN\$ PRICING!
INCLUDING AIR FROM



CME TOUR & CIRCUMNAVIGATION CRUISE OF ICELAND MAY 6 - 20, 2020 REGISTRATION / BOOKING FORM



NAMES OF PASS				PPEAR ON YOUR PAS	EAR ON YOUR PASSPORT)		Birthdate (D/M/Y)		am reg? No	Special meal requirements (vegetarian etc)	
1	(1110)	T II OCTIONIO	Wildele Hame	Edot Harris		Birdidato (B/III)	.,	Yes	110		
2											
3											
		ERESTED IN MAKING A P	RESENTATION, PLS LE	T US KNOW YOUR SU	BJECT						
PASSPORT INFORMATION Data of conference of the											
		Passport No.	Date of issue (D/M/Y)	Date of expiry (D/M/Y)	Place of i	ssue		Profession		Nationality	
1											
2											
3											
co	NTACT DETA	II S	(Address is where travel	documents will be forward	arded to)						
00	NIAOT DETA	ico	(Address is where traver								
Str	eet					Apt #	City		Province	Postal code	
							· ·				
Tel	(home):		Tel (bus):	Fax:		e-mail:					
PRICE AND											
PRICING INFORMATION (ALL PRICING IN CANADIAN \$ INCLUDING FLIGHTS FROM TORONTO) Client #1 #2 #3										TOTAL	
(Enter the applicable price for each component for each passenger)											
1. CME TOUR & CIRCUMNAVIGATION CRUISE OF ICELAND											
Per person (double occupancy - Category P cabin) - Cdn\$9,795 (if booked by Feb 28, 2020)											
	Per person (double occupancy - Category P cabin) - Cdn\$10,795 (if booked after Feb 28, 2020)										
	Cabin upgrades on Ocean Diamond (base price includes Category P cabin)										
	Upgrade to Category O cabin on Ocean Diamond - \$1,100 / person										
	Upgrade to	Category D cabin on Ocean	Diamond - \$2,650 / person	on							
										Rate is subject to availability at	
		s supplement re internationa								time of booking	
		ment - Pricing available upo ee - \$300 (if you're single ar		0)							
2	Other	ee - \$500 (ii you're sirigie ai	id we iind you a roominat	e)							
	Flights are als	o available from Edmonton		ote below if you							
		from one of these two citie	s							(Enquire for costs)	
	City =										
3	Academic program registration fee (\$750 per registrant)										
4	Supplementa	I taxes and fees (\$715 / pe	erson)								
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)											
Tot	al amount pri	or to travel insurance (Not	te 1 below)								
Non-medical inclusive insurance package) Note 1											
All inclusive (including medical) insurance package)											
TOTAL INCLUDING TRAVEL INSURANCE											
CABIN CATEGORY DESCRIPTIONS											
CA	Category	P - Outside Cabin, size 19m									
		O - Outside Cabin, size 19n D - Outside Cabin, size 19n									
Р,	YMENT INFOR										
	POSIT:	\$1,000 per person		plus insurance pr	emium	(both non-refun	dable)	PAYABLE WITH	REGISTRATION	N	
	POSIT:	If you are upgrading to Bus	siness class an additional			•	*				
ВА	LANCE:	Due by no later than Janua	ary 22, 2020 (For registrat	ions received on or after	this date, p	ayment is require	d in full at the time	of booking)			
PA	YMENT METH						-				
	Cheque:	Please enclose deposit ch	eque, together with a che	que postdated to Januar	y 22, 2020 p	payable to Doctors	s-on-lour				
	Credit card:	Type (Vice or Mesteroord	Amov not pagented)	Credit card #				Eve data		3 digit security code	
		Type (Visa or Mastercard,	Amex not accepted)	Circuit Caru #				Exp date		o aigit security code	
		Name on card				Signature					
		Your signature above duly well as any additional char			sit, as well as to automatically charge your credit card with the balance due on January 22, 2020 as						
		well as any additional char	geable items approved by	you in writing (including	by electron	ic 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										
		part of the detailed informa ants listed on this Registration		is tour and binds myself							
		-			Signature (Acceptance of Terms & Conditions)						
CM	IE Program Ne	wsletter updates - please se	end me future notifications	by e-mail	Yes / No (Circle / highlight one option)						
No	-						. 5 9	. ,			
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") 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. 											
2	Insurance dec		v date no parlier than 2	ontheafter the data of	•	e - passenger #1)	Iceland				
 Valid Passports which must have an expiry date no earlier than 3 monthsafter the date of your scheduled departure from Iceland. A tourist entry visa is not required for entry 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 (fax), 4. info@doctorsontour.ca (e-mail) . For additional information, please call 416-231-8466, toll free 1-855-doc-tour (362-8687).

3. Business class upgrade supplements above are subject to confirmation of both availability and rate at the actual time of booking