



CME & CULTURAL TOUR OF NORTHERN INDIA OCT 25 - NOV 12, 2019 REGISTRATION / BOOKING FORM



NAMES OF PASSENGERS (Title) First name 1	(EXACTLY AS THEY APPE Middle name	AR ON YOUR PASSPORT Last name	T) Birthdate (D/M/	Y)	Academic progr Yes	am reg? No	Special meal requirements (vegetarian etc)	
IF YOU ARE INTERESTED IN MAKING A PRESENTATION, PLS LET US KNOW YOUR SUBJECT								
PASSPORT INFORMATION Passport No.	e of issue		Profession		Nationality			
1	Passport No. Date of issue Date of expiry Place of				THOROSOLO		radonality	
2								
3								
CONTACT DETAILS	(Address is where travel doo	uments will be forwarded to	o)					
Street			Apt #	City		Province	Postal code	
Tel (home):	Tel (bus):	Fax:		e-mail:				
			Olisat #4	#0	#2		TOTAL	
PRICING INFORMATION (ALL PRICING (Enter the applicable price for each component for e			Client #1	#2	#3		TOTAL	
1. Cultural & CME Tour of Northern India								
Per person (double occupancy) - \$6,995 (if booked by July 9, 2019)								
Per person (double occupancy) - \$7,495 (if booked after July 9, 2019)								
Single supplement - \$1,820 (if you're travelling by yourself and in your own room)								
Single share fee - \$300 (if you're single and we find you a roommate…)								
2 Academic program registration fee (\$700 per registrant)								
3 Supplemental taxes and fees (\$685)	person)							
4 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 INSURANCE								
PAYMENT INFORMATION DEPOSIT: \$500 per person plus insurance premium (both non-refundable) PAYABLE WITH REGISTRATION								
BALANCE: Due by no later than July 22, 2019 (For registrations received on or after this date, payment is required in full at the time of booking)								
Cheque: Please enclose deposit cheque, together with a cheque postdated to July 22, 2019 payable to Doctors-on-Tour								
Credit card:								
Type (Visa or Masterca	rd, Amex not accepted) Cre	dit card #			Exp date		3 digit security code	
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 July 22, 2019 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)								
CME Program Newsletter updates - please send me future notifications by e-mail			Yes / No	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 1. to travel insurance") from the insurance takes in our brochure. If insurance is not purchased, passenger #1 must sign this section on behalf of all passengers								
Insurance declined: (Signature - passenger #1)								
 Valid Passports (expiring no earlier than 6 months after your scheduled departure date from India are mandatory for entry into India. It is also your responsibility to obtain a tourist entry visa for India 								

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 612-1459 (fax), info@doctorsontour.ca (e-mail). For additional information, please call 416-231-8466, toll free 1-855-doc-tour (362-8687).