GROUP MEDICAL DIRECTOR DR. PETER BLOCH



CME & CULTURAL TOUR OF JAPAN MAY 22 - JUNE 5, 2022 **REGISTRATION / BOOKING FORM**



DID YOU KNOW ? - ONLINE REGISTRATION FOR THIS PROGRAM IS ALSO NOW AVAILABLE AT >							https://fs22.formsite.com/Doctorsontour/JAP2205/index.html		
NAMES OF PASS			PPEAR ON YOUR PASSE	PORT)			Academic progr	am reg?	Special meal requirements (vegetarian etc)
, ,	First name	Middle name	Last name		Birthdate (D/M/	Y)	Yes	No	
1									
2									
3									
IF YOU ARE INTE	ERESTED IN MAKING A PI	RESENTATION, PLS LET	US KNOW YOUR SUB.	JECT					
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 DETA	II S	(Address is where travel	documents will be forward	ded to)					
00.117.01.02.17.		(Hadrood is Whole Bavel	accamona wiii bo forwan	dod to)					
Street					Apt #	City		Province	Postal code
Tel (home):		Tel (bus):	Fax:		e-mail:				
PRICING INFORM	MATION (ALL PRICING IN	CANADIAN \$)			Client #1	#2	#3		TOTAL
PRICING INFORMATION (ALL PRICING IN CANADIAN \$) Client #1 #2 #3 TOTAL (Enter the applicable price for each component for each passenger)									
	ral Tour of Japan inc. air								
	double occupancy) - \$11,4								
	ouble occupancy) - \$11,99		2022)						Rate is subject to availability at time
	nomy class supplement - \$								of booking
	ment - \$2,540 (if you're tra ee - \$300 (if you're single a								
2 Other	ee - \$500 (ii you're siiigie a	ind we find you a roomina	ie)						
	e from other Canadian city	to Toronto							(Enquire for costs)
City =									
2 Academic pro	ogram registration fee (\$8	300 per registrant)							
3 Supplemental taxes and fees (\$685/person)									
		•							
	omer Discount (\$100/pers rs, (max) \$300 for three o		\$200 for two						
(Payment mus	st be by CHEQUE to qualify	y for this discount)							
Total amount prior to travel insurance (Note 1 below)									
Non-medical inclusive insurance coverage) Note 1									
All inclusive (including medical) insurance coverage)									
Premium Protection	on Plan insurance coverage	e)							
TOTAL INCLUDIN	NG TRAVEL INSURANCE								
PAYMENT INFOR	PMATION								
DEPOSIT:	\$500 per person		plus insurance pren	nium			PAYABLE WITH	H REGISTRATIO	N
DEPOSIT:	An additional deposit is re	equired if seat upgrades ar	re purchased, ie \$200/per	son for Pr	emium Economy	/			
BALANCE:	Due by no later than Febru	uary 16, 2022 (For registra	ations received on or after	this date,	payment is requ	ired in full at the t	ime of booking)		
PAYMENT METH Cheque:	OD: Please enclose deposit ch	agus tagathar with a aba	aug postdated to Enhruor	16 202	noveble to Dec	toro on Tour			
•	riease enclose deposit cr	leque, together with a che	que postuateu to rebruar	y 16, 2022	z payable to Doc	tors-on- rour			
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 2022 as well as any additional actions and additional actions are signatured as a second						narge your credit	card with the bail	ance due on February 16,
provided to me as	TIONS: My signature herei part of the detailed information	ation package (and also a	vailable at						
	ur.ca/terms-and-conditions. sted on this Registration Fo		nd binds myself and all of	ther					
	Ü				Signature (Acce	eptance of Terms	& Conditions)		
LAIDH ITV WANTED At a construction for the state of the s									
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 Lightlifty Worker)				
					Signature (Acceptance of Release of Liability Waiver)				
CME Program Newsletter updates - please send me future notifications by e-mail					Yes / No	(Circle / highlight	nt one option)		
Notes									
	ecommend that you take ou insurance") from the insura								your age and "total amount
	surance above is only eligit								ovider.
Insurance dec	dined:			(Signature	e - passenger #1)	1			
	ort (your passport must be v	valid until at least the plans					pan. Canadian cit	izens do not requ	ire an entry visa.

- You should assume that proof of vaccination against COVID-19 will be a requirement for entry into Japan.

 3. Premium Economy upgrade cost above is subject to confirmation of both availability and rate at the actual time of booking
- 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).