GROUP MEDICAL DIRECTOR DR. RACHEL KASSNER		СМЕ		TORS-ON-TOUR & DR. RACHEL KASSNER & CULTURAL TOUR OF NEW ZEALAND JAN 5 - 22, 2018 REGISTRATION / BOOKING FORM				REC	SISTER BY JULY 31, 2017 & SAVE \$1,000 / COUPLE	
	NOW ? - ONLINE REGIS	TRATION FOR THIS PR	OGRA	M IS ALSO NOW A	VAILABLE	AT >		https://fs22.forr	msite.com/Doc	torsontour/NZ1801/index.htm
NAMES OF PASSENGERS (Title) First name		(EXACTLY AS THE) Middle name	Y APPI	APPEAR ON YOUR PASSPORT)		6+ Birthdate (D/M/Y)		Academic prog Yes	ram reg? No	Special meal requirem (vegetariar
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2 3										
F YOU ARE IN	ITERESTED IN MAKING A	PRESENTATION. PLS	LET U	IS KNOW YOUR SU	JBJECT					
PASSPORT IN						-				
	Passport No.	Date of issue		Date of expiry	Place of i	ssue		Nationality		Profession
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CONTACT DE	TAILS	(Address is where tra	avel do	cuments will be forw	varded to)					
Street						Apt #	City		Province	Postal code
Jieer						Apt #	Only		Trovince	
el (home):		Tel (bus):		Fax:		e-mail:				
	RMATION (ALL PRICING					Client #1	#2	#3		TOTAL
	le price for each component for ea					Cilent #1	π2	#5	-	
. CME & Cul	Itural Tour of New Zealand	d (inc. air from Toronto)							
	Per person (double occupancy) - \$10,995 (if booked by July 31, 2017)									
Per person (double occupancy) - \$11,495 (if booked after July 31, 2017)										Rate is subject to availability
Premium e	conomy class supplement -	\$2,200								of booking Rate is subject to availability
Business class supplement - \$5,800									-	of booking
	Single supplement - \$2,450 (if you're travelling by yourself and in your own room)								-	
	e fee - \$300 (if you're single		nmate.)					-	
Academic	program registration fee ((\$650 per registrant)								
Supplemer	ntal taxes and fees (\$685 /	/ person)								
	stomer Discount (\$100/pe		our, \$20	00 for two						
	ours, (max) \$300 for three nust be by CHEQUE to qua								-	
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lon-medical in	clusive insurance package) No	nte 1						
Il inclusive (including medical) insurance		package) 140	he i						
	ordaning modical, modianeo	paolago	,						-	
OTAL INCLU	DING TRAVEL INSURANC	E								
PAYMENT INF	ORMATION									
DEPOSIT:		surance premium (both						PAYABLE WIT		TION
DEPOSIT: BALANCE:	•	s required if seat upgrade tober 2, 2017 (For regis							ass	
PAYMENT ME	-	, 6561 2, 2017 (i 61 10gi6	liulon		i ino dato, j			ne er beening,		
Cheque:	Please enclose deposit	cheque, together with a	chequ	e postdated to Octol	ber 2, 2017	payable to Doctors	s-on-Tour			
Credit card										
	Type (Visa or Masterca	rd)	Cre	edit card #				Exp date		
	Name on card					Signature				
							o automatically	charge your cred	it card with the	balance due on October 2, 2
	as well as any additiona	al chargeable items appr	oved b	y you in writing (incli	uaing by ele	ctronic mail)				
rovided to me	IDITIONS: My signature he as part of the detailed info	rmation package regardi								
an ouner tour pa	articipants listed on this Rec	gioriauon FOIIII				Signature (Accept	otance of Terms	& Conditions)		—
ME Program	Newsletter updates - please	e send me future notifica	ations h	v e-mail			(Circle / highlig			
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Notes			chure. I		irchased, pa	assenger #1 must :	sign this sectior	on behalf of all p	assengers	on your age and "total amou
We strongly	el insurance") from the insu l insurance above is only el		lents F	Residents of other or	ountries sho	uld organize their t	ravel insurance		local insurance	
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