

DOCTORS-ON-TOUR CME & CULTURAL TOUR OF NEW ZEALAND

MARCH 15 - 31, 2019 REGISTRATION / BOOKING FORM

DID YOU KNOW ? - ONLINE REGISTRATION FOR THIS PROGRAM IS ALSO NOW AVAILABLE AT >							https://fs22.formsite.com/Doctorsontour/NZ1903/index.html		
									Special meal requirements
(Title)	SENGERS First name	(EXACTLY AS THEY A Middle name	EXACTLY AS THEY APPEAR ON YOUR PASSPORT) fiddle name Last name		6+ Birthdate (D/M/Y)		Academic program reg? Yes No		(vegetarian etc
1						,			
2									
3									
IE VOLLADE INT	EDECTED IN MAKING A	DDECENTATION DICLI	ET LIC KNOW YOUR C	UD IECT					
PASSPORT INFO	ERESTED IN MAKING A	PRESENTATION, PLS LE	ET US KNOW TOUR S	OBJECT					
PASSFORT INFO	Passport No. Date of issue Date of expiry Place of				ssue		Nationality		Profession
1									
2									
3									
CONTACT DETA	AILS	(Address is where trave	l documents will be forw	varded to)					
Street					Apt #	City		Province	Postal code
Tel (home):	<u>.</u>	Tel (bus):	Fax:		e-mail:				
PRICING INFORMATION (ALL PRICING IN CANADIAN \$)						#2	#3		TOTAL
	price for each component for each	- · · · · · · · · · · · · · · · · · · ·							
	ıral Tour of New Zealand double occupancy) - \$10								
			are only)						Rate is subject to availability at time of booking
Rate is subject t								Rate is subject to availability at time of booking	
Business class supplement - \$6,300 (TransPacific sectors only) time of booking Single supplement - \$2,450 (if you're travelling by yourself and in your own room)									time of booking
Single share fee - \$300 (if you're single and we find you a roommate)									
2 Academic pr	ogram registration fee (700 per registrant)							
	al taxes and fees (\$685 /								
	•								
	omer Discount (\$100/per irs, (max) \$300 for three		r, \$200 for two						
(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 INCLUDI	ING TRAVEL INSURANCI	E							
PAYMENT INFO	RMATION								
DEPOSIT:		urance premium (both nor	n-refundable)				PAYABLE WIT	H REGISTRATIO	ON
DEPOSIT:	•	required if seat upgrades a		•					
BALANCE:	,	ember 10, 2018 (For regis	strations received on or	after this da	ite, payment is re	quired in full at th	e time of booking	1	
PAYMENT METH Cheque:		cheque, together with a che	eque postdated to Dece	ember 10, 20	018 payable to Do	octors-on-Tour			
Credit card:									
Gredit card.	Type (Visa or Mastercard	d)	Credit card #				Exp date		!
	Name on card				Signature				
					eposit, as well as to automatically charge your credit card with the balance due on December 10,				
		tional chargeable items ap					0 ,		•
TERMS & COND	ITIONS: My signature here	ein signifies my acceptanc	e of the Terms & Condit	tions					
	s part of the detailed inform pants listed on this Registra		this tour and binds myse	elf and all					
para-pario inico di uno regionatori i dilli					Signature (Acceptance of Terms & Conditions)				
CME Program Newsletter updates - please send me future notifications by e-mail					Yes / No (Circle / highlight one option)				
Notes									
	ecommend that you take of insurance") from the insur								your age and "total amount
	nsurance above is only elig								rovider.
Insurance de	clined:			(Signatur	e - passenger #1)			
		3 months after your sche	eduled departure date fro				New Zealand . C	anadian citizens	do not require an entry visa.
3. Business class	ss and Premium Economy	upgrade costs above are	subject to confirmation of	of both avail	ability and rate a	t the actual time of	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 4. (fax), info@doctorsontour.ca (e-mail). For additional information, please call 416-231-8466, toll free 1-855-doc-tour (362-8687).