

PRICING IN CANADIANS !!

GROUP LEADER
DR. CAROLYN STARK

CME, CULTURAL & SAFARI TOUR OF SOUTH AFRICA
MAR 19 - APR 3, 2023
REGISTRATION / BOOKING FORM
(OPTIONAL VICTORIA FALLS EXTENSION)

REGISTER BY AUG 15, 2022
& SAVE \$1,000 / COUPLE

| NAMES OF PASSENGERS (Title) First name | (EXACTLY AS THEY APPEAR ON YOUR PASSPORT) Middle name Last name | | Birthdate (D/M/Y) | Academic program reg? | | Special meal requirements (vegetarian etc) |
|---|--|--|-------------------|-----------------------|----|---|
| | | | | Yes | No | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

IF YOU ARE INTERESTED IN MAKING A PRESENTATION, PLS LET US KNOW YOUR SUBJECT

PASSPORT INFORMATION

| | Passport No. | Date of issue | Date of expiry | Place of issue | Profession | Nationality |
|---|--------------|---------------|----------------|----------------|------------|-------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

CONTACT DETAILS

(Address is where travel documents will be forwarded to)

| | | | | | |
|-------------|------------|-------|---------|----------|-------------|
| Street | | Apt # | City | Province | Postal code |
| Tel (home): | Tel (bus): | Fax: | e-mail: | | |

PRICING INFORMATION (ALL PRICING IN CANADIAN \$)

(Enter the applicable price for each component for each passenger)

| | Client #1 | #2 | #3 | TOTAL |
|--|-----------|----|----|-------|
| 1. CME, Cultural & Safari Tour South Africa | | | | |
| Per person (double occupancy) - \$8,495 (if booked by Aug 15, 2022) | | | | |
| Per person (double occupancy) - \$8,995 (if booked after Aug 15, 2022) | | | | |
| Single supplement - \$1,890 (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 (\$800 per registrant) | | | | |
| 3. Supplemental taxes and fees (\$675 / person) | | | | |
| 4. Extension - Victoria Falls (3 days) - \$2,055 / person (double occupancy, inc taxes) | | | | |
| Single supplement for Victoria Falls extension (\$485) | | | | |
| 5. 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 (\$700 if taking Vic Falls extension) plus insurance premium (both non-refundable) PAYABLE WITH REGISTRATION

BALANCE: Due by no later than December 14, 2022 (For registrations received on or after this date, payment is required in full at the time of booking)

PAYMENT METHOD:

Cheque: Please enclose deposit cheque, together with a cheque postdated to December 14, 2022 payable to Doctors-on-Tour

| | | | | |
|--|---------------|----------|-----------------------|--|
| 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 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 December 14, 2022 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 (and also available at www.doctorsontour.ca/terms-and-conditions.php) regarding this tour and binds myself and all other tour participants listed on this Registration Form

| |
|--|
| |
| Signature (Acceptance of Terms & Conditions) |

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 Liability Waiver) |

CME Program Newsletter updates - please send me future notifications by e-mail

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 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.

Insurance declined: (Signature - passenger #1)

2. Valid Passports (expiring no earlier than 30 days after your scheduled departure date from South Africa) are mandatory for entry into South Africa. Canadian citizens do not require an entry visa. If taking the optional Victoria Falls (Zambia) extension, Canadian citizens require an entry visa and your passport must be valid for a minimum of 6 months from the date of departure from Zambia

Proof of vaccination against COVID-19 is a requirement for entry into South Africa (and Zambia if you are taking the optional extension)

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).