GROUP MEDICAL DIRECTOR

DR. PETER BLOCH



## CME, CULTURAL & GOURMET TOUR OF SPAIN REGISTRATION / BOOKING FORM

REGISTER BY
MAY 31, 2021 AND SAVE
\$1,000 / COUPLE
CDN\$ PRICING INC AIR !!

DID YOU KNOW ? - ONLINE REGISTRATION FOR THIS PROGRAM IS ALSO NOW AVAILABLE AT >

https://fs22.formsite.com/Doctorsontour/SPA2109RegistrationForm/index.html

NAMES OF PASS	SENGERS First name	(EXACTLY AS THEY A	XACTLY AS THEY APPEAR ON YOUR PASSPORT) ddle name Last name		Birthdate (D/M/Y)		Academic program reg? Yes No		Special meal requirements (vegetarian etc)
1	T WOLLING	ivilidate riame	Edot Hamo		Bittidato (Bitti	.,	100	110	
2									
3									
IF YOU ARE INTERESTED IN MAKING A PRESENTATION, PLS LET US KNOW YOUR SUBJECT  PASSPORT INFORMATION									
PASSPORT INFORMATION  Date of expiry									
	Passport No.  Date of issue (D/M/Y)  (D/M/Y)  Place of				ssue		Profession		Nationality
1									
2									
3									
CONTACT DETAILS (Address is where travel documents will be forwarded to)									
Street					Apt#	City		Province	Postal code
Street					Apt #	City		Fiovince	Fostal code
Tel (home):		Tel (bus):	Fax:		e-mail:				
			Client #1						
	PRICING INFORMATION (ALL PRICING IN CANADIAN \$)  (Enter the applicable price for each component for each passenger)					#2	#3		TOTAL
1. CME Cultural & Gastronomical tour of Spain									
Per person (double occupancy) - \$6,995 (if booked by May 31, 2021)									
Per person (double occupancy) - \$7,495 (if booked after May 31, 2021)									
Single supplement - \$1,580 (if you're travelling by yourself and in your own room)									
Single share for	ee - \$300 (if you're single a	and we find you a roomma	te)						
2 Academic pro	ogram registration fee (\$8	800 per registrant)							
3 Supplementa	I taxes and fees (\$715 / p	erson)							
	omer Discount (\$100/pers		\$200 for two previous						
	\$300 for three or more prost be by CHEQUE to qualify	-							
· ·									
Total amount prior to travel insurance (Note 1 below)									
,			Note 1						
	ding medical) insurance co								
Premium Protection Plan insurance coverage )									
TOTAL INCLUDING TRAVEL INSURANCE									
PAYMENT INFORMATION									
DEPOSIT: \$500 per person plus insurance premium PAYABLE WITH REGISTRATION							N		
<b>BALANCE:</b> Due by no later than July 22, 2021 (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 July 22, 2021 payable to Doctors-on-Tour									
-	r lease enclose deposit ci	leque, together with a che	que postuateu to July 22,	2021 paya	ible to Doctors-or	i- i oui			
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 July as any additional chargeable items approved by you in writing (including by electronic mail)								ce due on July 22, 2021 as well	
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)									
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 (Acce	eptance of Releas	e of Liability Waiv	er)	
CME Program Newsletter updates - please send me future notifications by e-mail					Yes / No	(Circle / highligh	nt one option)		
Notes  We strongly recommend that you take out travel insurance for this trin. To calculate and enter your insurance premium please select the premium per person (hased on your age and "total amount prior").									
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 - passanger #1)									
Insurance declined: (Signature - passenger #1)  2. Valid Passports (expiring no earlier than 3 months after your scheduled departure date from the region) are mandatory for entry into Spain.									

An entry visa is not required for Canadian citizens

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).