ALL PRICING IN CANADIAN \$!! INCLUDING AIR FROM TORONTO	doctors- meeting and vacation concepts CME, CULTURAL & SAFARI TOUR OF SOUTH AFRICA APR 1 - 16, 2019 REGISTRATION / BOOKING FORM (OPTIONAL VICTORIA FALLS EXTENSION)	REGISTE \$1,
OF PASSENGERS	(EXACTLY AS THEY APPEAR ON YOUR PASSPORT)	Academic program reg?

	REGISTER BY DEC 21, 2018	
	AND 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? Yes No		Special meal requirement (vegetarian etc		
23										
3										
IF YOU ARE INT	ERESTED IN MAKING A	PRESENTATION, PLS I	LET US KNOW YOUR SU	BJECT						
PASSPORT INF	ORMATION									
	Passport No.	Date of issue	Date of expiry	Place of	issue		Profession		Nationality	
1										
2										
3										
CONTACT DET		(Address is where tray	vel documents will be forwa	arded to)						
CONTACT DET		(Address is where trav	ver documents will be forwa	arded to)						
Street					Apt #	City		Province	Postal code	
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Tel (home):		Tel (bus):	Fax:			e-mail:				
rer (nome).		101(000).	T dX.			e mai.				
	MATION (ALL PRICING				Client #1	#2	#3		TOTAL	
	price for each component for each									
	al & Safari Tour South A		2019)							
	double occupancy) - \$7 double occupancy) - \$8,49									
	pa Suite at Kapama River					_				
	ment - \$1,840 (if you're t									
• • •	fee - \$300 (if you're single	• • • •				_				
	ogram registration fee (hate)							
3 Supplement	al taxes and fees (\$685 /	person)								
4 Entennion 1	Vietoria Falla (2 dava) (14 005 /								
	Victoria Falls (3 days) - 9		occupancy, inc taxes)							
5 Repeat Cust	ment for Victoria Falls ext omer Discount (\$100/pe \$300 for three previous	erson if one previous tou	ur, \$200 for two previous	i						
	st be by CHEQUE to qual									
	ior to travel insurance (
	usive insurance package) Note 1							
All inclusive (inclu	uding medical) insurance	package)							
TOTAL INCLUD	ING TRAVEL INSURANC	E								
PAYMENT INFO	RMATION									
DEPOSIT:	\$500 per person (\$700) if taking Vic Falls extensi	ion) plus insurance p	remium	(both non-refu	ndable)	PAYABLE WIT	H REGISTRATIC	N	
BALANCE:	Due by no later than De	cember 27, 2018 (For reg	sistrations received on or a	fter this dat	e, payment is req	uired in full at the	time of booking)			
PAYMENT METH	HOD:									
Cheque:	Please enclose deposit	cheque, together with a c	heque postdated to Decen	nber 27, 20	18 payable to Doo	ctors-on-Tour				
Credit card:										
	Type (Visa or Mastercar	rd, Amex not accepted)	Credit card #				Exp date		3 digit security code	
	Nome on cord				Signatura				Į	
	Name on card	ulu quithorizon Doctoro on	Tour to bill your gradit oor	d for the de	Signature	o outomotioolly ok	orgo vour orodit o	ord with the hole	nce due on December 27, 201	
			ved by you in writing (inclu			o automatically cr	large your credit c	aru with the bala	ice due on December 27, 2018	
TERMO										
			ice of the Terms & Condition of this tour and binds mysel							
	pants listed on this Registr		, , , , , , , , , , , , , , , ,						Į	
					Signature (Acceptance of Terms & Conditions)					
CME Program Newsletter updates - please send me future notifications by e-mail					Yes / No (Circle / highlight one option)					
Notes										
1. to travel insu	rance") from the insurance	e tables in our brochure. I	nis trip. To calculate, and e f insurance is not purchase nts. Residents of other cou	ed, passeng	ger #1 must sign t	his section on beh	half of all passeng	ers	our age and "total amount prio ovider.	
Insurance de					re - passenger #1					
			eduled departure date from n citizens require an entry							

3 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 612-1459 (fax), info@doctorsontour.ca (e-mail) . For additional information, please call 416-231-8466, toll free 1-855-doc-tour (362-8687).