CME & CULTURAL TOUR OF SOUTHERN INDIA FEBRUARY 15 - MARCH 1, 2014

(OPTIONAL 4 NIGHT EXTENSION TO DELHI / AGRA)

REGISTRATION / BOOKING FORM



NAMES OF PASS (Title) 12	SENGERS First name	(EXACTLY AS THEY AF Middle name	PPEAR ON YOUR PASS	SPORT)	Birthdate (D/M/	Y)	Academic progr	am reg? No	Special meal requirements (vegetarian etc)
3									
4									
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 iss	Je		Nationality		Profession
1									
2									
3									
4									
CONTACT DETAILS (Address is where travel documents will be forwarded to)									
CONTACT DETA		(Address is where travel	documenta will be forwa	arded to)					
Street					Apt #	City		Province	Postal code
					1.				
Tel (home):	home): Tel (bus): Fax:					e-mail:			
. ,					0		"0		7074
(Enter the applicable p	VIATION price for each component for each pass	enger)			Client #1	#2	#3		TOTAL
1. Cultural & Cl	ME Tour of Southern India								
Per person (double occupancy) - \$5,595									
Single supplement - \$1,400 (if you're travelling by yourself and in your own room)									
Single share	Single share matching fee - \$300 (if you're single and we find you a roommate)								
2 Academic pr	ogram registration fee (\$500	per registrant)							
3 Transportation	on taxes and fees (\$590 / pers	son)							
4 Extension to Delhi / Agra (4 nights) - \$\$1,340 (inc. taxes)									
Single supplement for Delhi / Agra extension - \$460									
5 Repeat Customer Discount (maximum 3%, on items #1, 4 only)									
Enter discount % on this line >									
(Payment must be by cheque to qualify for this discount)									
Total amount prior to travel insurance (Note 1 below)									
Non-medical insurance package) Note 1									
Deluxe (including	medical) insurance package)							
TOTAL INCLUDI	NG TRAVEL INSURANCE								
PAYMENT INFO	RMATION								
DEPOSIT:	\$500 per person (\$800 if tak) plus insurance prer	nium	(both non-refur	ndable)	PAYABLE WIT	HREGISTRA	TION
BALANCE:	Due by no later than Novembe	er 12, 2013							
PAYMENT METH Cheque:	IOD: Please enclose deposit chequ	e together with a cheque	postdated to November	12 2013				payable to	"ON-TOUR.CA"
-	T lease enclose deposit chequ	ie, together with a cheque	postdated to November	12, 2013				payable to	
Credit card:	Type (Visa or Mastercard)		Credit card #				Exp date		
	.,,,								
	Name on card					Signature			
	Your signature above duly aut							ne balance	
due on November 12, 2013 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 regarding this tour and binds myself and all other tour participants listed on this Booking Form									
· · · · · ·						Signature (Acceptance of Terms & Conditions)			
Notes 1. 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. Insurance declined:(Signature - passenger #1)									(Signature - passenger #1)
 Valid Passports (expiring no earlier than 6 months after your scheduled departure date from India are mandatory for entry into India. It is also your responsibility to obtain a tourist entry visa for India 									

Registration Forms should be mailed (if cheque payment) to doctors-on-tour.ca, 20 Princeton Road, Toronto, On., M8X 2E2 or by fax, mail or e-mail (scan) (if credit card payment) to 1-888-612-1459 3. (fax), info@doctors-on-tour.ca (e-mail) . For additional information, please call 416-231-8466, toll free 1-855-DOC-TOUR (362-8687).

GROUP MEDICAL DIRECTOR DR. MEL BORINS