doctors- n-tour.ca meeting and vacation concepts	
CME, CULTURAL & GOURMET	

5400

OVERSEAS CME

PROGRAMS SINCE 2000



	GROUP LEADER R. LORNA D'SILVA	;	ME, CULTUF TOUR (SEPTEMBER 22 REGISTRATION	ЭF SP - осто	AIN BER 2, 2016		S	AVE \$1,000 / C	COUPLE ! **
NAMES OF PAS			APPEAR ON YOUR PA	SSPORT)			Academic prog		Special meal requirements (vegetarian etc)
(Title)	First name	Middle name	Last name		Birthdate (D/M/	Υ)	Yes	No	
2									
3							_		
IF YOU ARE INT	ERESTED IN MAKING A	PRESENTATION, PLS LE	ET US KNOW YOUR S	UBJECT					
PASSPORT INR	ORMATION								
1	Passport No.	Date of issue (D/M/Y)	Date of expiry (D/M/Y)	Place of	issue		Profession		Nationality
2									
3									
CONTACT DETA	MI S	(Address is where trave	el documents will be for	warded to)					
		(riddrood to intere train		nalaoa loj					
Street					Apt #	City		Province	Postal code
Tel (home):		Tel (bus):	Fax:			e-mail:			
	MATION (ALL PRICING I				Client #1	#2	#3	-	TOTAL
1. Cultural & G	astronomical tour of Spa	in							
Per person (double occupancy) - \$5,	495 (if booked by July 18	, 2016)						
		5 (if booked after July 18,				-			
		ravelling by yourself and in ou're single and we find yo						_	
2 Other	matching lee - \$500 (ii yo	ou re single and we find yo	d a roommate)					_	
	re from other Canadian cit	ies to Toronto							
City =									
(\$350), St. Jo	ohns / Edmonton / Calgary	hn / Halifax (\$300), Charlo (\$400), Vancouver / Victo cities available upon reque	oria (\$500)						Connector fare add-ons s.t availability in this fare class
	ogram registration fee (
-	al taxes and fees (\$585 /								
		son if one previous tour	. \$200 for two			·	_		
previous tou	rs, (max) \$300 for three	previous tours)							
	ist be by CHEQUE to qual ior to travel insurance (N								
-									
Non-medical insu	irance package medical) insurance packa		Note 1				-		
		-						-	
TOTAL INCLUDI	NG TRAVEL INSURANC	E							
PAYMENT INFO									
DEPOSIT: BALANCE:	\$500 per person	ne 19, 2016 (For registratio	plus insurance p		(both non-refur			TH REGISTRATION	DN
PAYMENT METH	-	10 10, 2010 (1 01 10glottatio		the date, p	aymont to require.		ie er beennig)		
Cheque:	Please enclose deposit	cheque, together with a ch	eque postdated to June	e 19, 2016 p	payable to Doctors	-on-Tour			
Credit card:									
	Type (Visa or Mastercar	d, Amex not accepted)	Credit card #				Exp date		3 digit security code
	Name on card			-	Signature				_
						utomatically cha	rge your credit car	d with the balanc	e due on June 19, 2016 as well
	as any additional charge	able items approved by yo	ou in writing (including b	y 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 Registration Form									
· · · ·					Signature (Acc	eptance of Term	ns & Conditions)		

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

	Signature (Acceptance of Terms & Conditions)								
	Yes	7	No	(Circle / highlight one option)					
your insurance premium, please select the									

(Signature - passenger #1)

Notes
1. We strongly recommend that you take out travel insurance for this trip. To calculate, and enter, y 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:

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

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 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).