

Health Care CE Presents: Optimizing genetic and immune potential

In order to register for the conference and to book your hotel room please fill out the following form and contact Jennifer Nash at Merit Travel:

Jennifer Nash
 111 Peter Street #200
 Toronto Ontario Canada M5V2H1
 Tel: 416-364-3775 or 1-866-341-1777 xt 2326
 TICO #4499356 Fax: (416) 364-5117
www.MeritTravel.com

CONFERENCE REGISTRATION

First Name: _____ Last Name: _____

Conference Fee: \$250 USD Signature: _____

TRAVEL REGISTRATION

Group Name: Moon Palace Medical Conference Group Organizer: Health Care CE

Destination: Cancun Mexico Dates: January 11-18, 2019

Conference Days : January 11-14

Lead Passenger Information **Name Should Appear as per valid Canadian Passport**

First: _____ **Middle:** _____ **Last:** _____

Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Tel: _____

Email: _____ **Date of Birth:** _____ (ex 02May78)

Is group airfare required: Yes No

TRAVELLING COMPANIONS: Please indicate others in your room and their date of birth choices below. Space is only held for those passengers who have paid a deposit. Rooms, must be filled to paid reserved occupancy. See details on flyers for occupancy choices and applicable prices. LOWER OCCUPANCY CHARGES (IE HIGHER RATES) WILL APPLY.

2. First _____ Middle: _____ Last: _____

Date of Birth _____ Is group airfare required: Yes No

3. First _____ Middle: _____ Last: _____

Date of Birth _____ Is group airfare required: Yes No

4. First _____ Middle: _____ Last: _____

Date of Birth _____ Is group airfare required: Yes No

5. First _____ Middle: _____ Last: _____

Date of Birth _____ Is group airfare required: Yes No

6. First _____ Middle: _____ Last: _____

Date of Birth _____ Is group airfare required: Yes No

Important Travel Insurance Option

We strongly recommend you protect your travel investment! Please ensure proper coverage before departing

Insurance offered by Merit Travel Group can be purchased at any time coverage will only begin once coverage has been purchased. Complete details will be sent once payment is received

Insurance Rates as of Sep 2016

Plan A up to 10 days of coverage

Ages 0-50	Plan A	Plan B	Plan C	Plan D
Cost CAD\$	\$59.00	\$50.00	54.00	\$20.00
Excluding 8% PST				

You must indicate if you accept or decline insurance

Note: 8% ONT PST (9%QST) charged on insurance

Policy provided by Alliance Insurance Company. We strongly encourage all clients to purchase adequate travel insurance at time of booking. All inclusive medical and or cancellation insurance can be added at a later date. Passengers choosing not to purchase insurance thru Merit Travel Group assume all responsibility for losses and costs relating to misfortune of any kind on their vacation. No refunds or rainchecks will be allowed for any unused holiday services or any portion thereof. If you have a pre existing medical condition please inquire about rates. For anyone over the age of 50, pricing is based on a number of different elements. We can quote accordingly

I HEREBY Accept Decline

Date of Birth (if accepting insurance) (dd/mm/yyyy) _____

Signature: _____ Date: _____ (dd/mm/yyyy)

Payment Credit Card

Credit Card Type: Visa: ___ Mastercard: ___

Credit Card Number: _____ Expiry Date: _____ (mm/yy)

Cardholder Name _____ Signature of card holder: _____

PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION

Full payment required at time of booking