

MYSTICAL TOUR BOLIVIA-PERU JULY 2020



DR. GAMAL PAEZ - ALTERNATIVE HOLISTIC MEDICINE ®

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REGISTRATION FORM MYSTICAL TOUR BOLIVIA-PERU 2020

Contact Details and personal information:

- Full Name (Mr., Mrs., Ms., Dr.) _____
- Age: _____ DOB: _____
- Gender: _____
- Marital Status: _____
- Address: _____
- Town/City: _____ State: _____
- Country: _____
- Postcode: _____
- Telephone with country code: _____
- E-mail: _____

Important Medical History / Medications / Physical Limitations:

Emergency contact details

Name: _____

Email: _____

Phone number: _____

Room accomodation options

Single room (extra cost of \$500 USD): YES / NO _____

Share room: YES / NO _____

(Smoker / Non Smoker) _____

CONDITIONS, TERMS AND RESPONSIBILITIES OF THE MYSTICAL TOUR BOLIVIA-PERU JULY 2020

This tour is under the management of DR. GAMAL PAEZ - ALTERNATIVE HOLISTIC MEDICINE ®, which has made all arrangements for accommodations and services furnished in conjunction with this tour. We are committed for supplying the services and accommodations offered to the participants as set forth in the tour itinerary except such services and accommodations as cannot be supplied due to delays or other causes beyond the control of us. The participant waives any claim against DR. GAMAL PAEZ - ALTERNATIVE HOLISTIC MEDICINE ®, and its agents/organisers/guides/guide tour members, for any damage to or loss of property or injury to or death of persons due to any act or omission of any persons rendering any of the services and accommodation on this tour, or due to any event, happening, misfortune, or occurrence whatsoever. DR. GAMAL PAEZ - ALTERNATIVE HOLISTIC MEDICINE ®, and its agents/tour guide members, will not be held responsible for any delays, substitution of equipment or any act or omission whatsoever by the carrier, its agents, servants, and employees, and the participant hereby waives any claim arising therefrom. Considering the above mentioned reasons, it is vital that the participant arrange his/her own OVERSEAS TRAVEL INSURANCE that covers any type of medical misfortune and any other travel related mischance for this tour. A certificate of purchase of the Travel Insurance should be provided to us 1 month prior of the departure date. Finally, The prices quoted are based on double occupancy, and if we have less registered participants than intended, we reserve the right to cancel the trip or provide the clients with alternative travel dates. The right is reserved to decline or accept any person as a member of the tour and to require any individual to withdraw from the tour at any time, if the tour leader deems his/her act of conduct is detrimental to or incompatible with the interest, harmony, comfort or well-being of any participant, or results in any penalty to the operators. Additional expenses, if any, shall be borne by the participant(s). In the event this tour is cancelled, all deposits and other monies paid by the participant will be promptly refunded.

Payment Terms

- **Total payment of tour share room:** \$2,200 USD
- **Total payment of tour in single room:** \$2,700 USD
- **Initial deposit:** \$ 1,000 USD (before 1st of January 2020)
- **Remaining balance:** \$1,200 USD or remaining balance is to be paid by 1st of MAY 2020
- **Bank Account details for deposit:**
 - BANK NAME: Bancolombia
 - TYPE OF ACCOUNT: Savings Account # 20617042078
 - ACCOUNT NAME HOLDER: Gamal Salim Paez Mojica
 - LOCATION: City: Cucuta. State: Norte de Santander. Country: Colombia.
 - SWIFT CODE: COLOCOBM or COLOCOBMXXX in case of 11 digits

Cancellations/Refunds

Cancellations must be submitted in writing. Deposits are non-refundable. Cancellations received 60 days before the departure date are subject to an additional \$500 cancellation fee. Cancellations received zero to 60 days before the departure date are not eligible for any type of refund. No refunds are provided for unused services. Obtaining trip cancellation insurance from your travel agent is recommended.

By signing below here, I commit to all the agreements, terms and conditions mentioned in this page and registration form document, which concerns the MYSTICAL TOUR BOLIVIA-PERU JULY 2020:

PARTICIPANT FULL NAME: _____

PARTICIPANT SIGNATURE: _____ **DATE:** _____

NATIONALITY: _____ **PASSPORT NUMBER:** _____