

**AIMS
RESERVATION FORM
2011 TOUR PROGRAMS**

Call an AIMS Counselor and we'll help you complete this form & make your reservation.

Hours: 9am-530pm (EST) Monday thru Friday 1-877-885-2467

Mail complete form to AIMS Travel 233 Park Avenue S. New York, N.Y. 10003

Reservations with credit card deposits may be faxed to:212-867-6622

Please reserve the Professional Study Tour below:

NAME OF TOUR _____ **DEPARTURE DATE** _____

Extensions or additions: _____ Home City Airport _____

Do you need assistance with connecting flights from home city to Gateway? _____

Do you wish to book Business Class? _____

KINDLY REGISTER WITH EXACT PASSPORT NAME

Last name/First _____ date of birth _____

Last name/First _____ date of birth _____

Last name/First _____ date of birth _____

Last name/First _____ date of birth _____

Medial Degree of participating CME _____ Specialty _____

Address: _____

City/State/Zip _____

Telephone (day) _____ Night _____

E-mail _____ Fax _____

Payment: Enclosed is my/our check in U.S. dollars for \$ _____

Representing: _____ deposit of \$350.00 per person
_____ optional insurance of \$209.00 per person
_____ CFAR \$269. Cancel For Any Reason
_____ full payment for entire party

Make check payable to AIMS TRAVEL SERVICE

(If credit card deposit, sign the application below)

_____ Charge my payment of \$ _____ to Visa _____ MasterCard _____ AMEX _____

Card Number _____ expiration date _____

I/we understand that all prices are based on airfares, land rates & rates of exchange projected on December 1, 2009. I/we further agree to pay all balances upon receipt of invoice. I/we have read & agree to the Terms & Conditions set forth on our Website & in our brochure- under General Terms & Conditions section and the Responsibility Paragraph.

Signature _____ Date _____