

Join us for a 12-Day Pilgrimage to

# The Shrines of Italy Rome - Milan

**Dates:** May 20 - 31, 2024

**Cost:** \$4,599 per person

**Departure:** Round-trip air from Los Angeles

**Tour Operator:** Nativity Pilgrimage

**Phone:** 832-406-7050

**Email:** [info@nativitypilgrimage.com](mailto:info@nativitypilgrimage.com)

**Website:** [www.nativitypilgrimage.com](http://www.nativitypilgrimage.com)



**Trip Code=3093**

## For Office Use Only

Date	Payment	Check #

☐ I understand it is my responsibility to obtain any visas/re-entry permit necessary for this trip if I don't hold an American Passport.  
**PASSPORTS MUST BE VALID AFTER 6 MONTHS OF DEPARTURE.**

☐ I have read and agreed to all the terms and conditions as set forth in this brochure.  
**PLEASE PRINT & ATTACH COPY OF YOUR PASSPORT WITH THIS REGISTRATION.**  
**NAMES ON THIS FORM AND PASSPORT MUST MATCH EXACTLY.**

Last name		First name		Middle
Address		City, State, Zipcode		
Phone # (including area code)		Email		
Passport Number		Place of issue		Date of issue
Expiration date		Date of birth		Gender: M F
Emergency Contact (name & phone number)				
<b>Special room accommodations</b>				
<input type="checkbox"/> I want to room with (first & last name)				
<input type="checkbox"/> I need a roommate				
<input type="checkbox"/> I want a single room (at an additional \$1,000)				

Please enclose a \$300 per person non-refundable non-transferable deposit by check or credit card (see Terms & Conditions) with application and copy of passport to: **Nativity Pilgrimage | 15710 JFK Blvd. Suite 225, Houston, TX 77032**

### Payment Options

☐ Check    ☐ Master Card    ☐ Visa    ☐ American Express    ☐ Discover  
Credit Card # \_\_\_\_\_ Zip code \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_  
(Please make checks payable to Nativity Pilgrimage) (There is a 3% charge for all credit card payments)

**Select one option:** ☐ Charge my **DEPOSIT** now and the balance due 100 days before departure. ☐ Charge my **TOTAL** trip cost now (excludes any insurance)

☐ Check enclosed for **DEPOSIT ONLY**    ☐ Check enclosed for **TOTAL** trip cost (excluding any insurance)    ☐ Charge **DEPOSIT ONLY** to my credit card

I understand it is my responsibility to obtain any visas/re-entry permits necessary for this trip if I do not hold an American passport. I understand passports must be valid for 6 months after the scheduled return date and I have read and agreed on all the terms and conditions as set forth in the brochure.

**PRINT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**BENEFITS OF COVERAGE**

**MAXIMUM BENEFIT AMOUNT**

Trip Cancellation	<b>100% of Trip Cost</b> (Up to a Max. of \$15,000)
Trip Interruption	<b>150% of Trip Cost</b> (Up to a Max. of \$22,500)
Missed Connection	<b>\$1,000</b> (3 hours or more)
Trip Delay	<b>\$1,000</b> (12 hours or more)
Baggage Delay	<b>\$400</b> (12 hours or more)
Baggage & Personal Effects	<b>\$2,000</b>
Rental Property Damage Liability	<b>\$5,000</b>
Accident & Sickness Medical Expense	<b>\$150,000</b>
Emergency Medical Evacuation & Repatriation	<b>\$1,000,000</b>
24-Hour AD&D	<b>\$10,000</b>
AD&D Common Carrier	<b>\$25,000</b>
Pre-Existing Medical Condition Exclusion Waiver	<b>Included</b>
Non-Insurance & Travel Assistance Services	<b>Included</b>
Rental Car Damage Coverage	<b>\$50,000</b>
Cancel for Any Reason	<b>75% of non-refundable trip cost</b>

Optional Upgrades

TRIP COST BANDS	0 - 34	35 - 55	56 - 64	65 - 70	71 - 80	81+
\$0	\$28.43	\$28.27	\$28.58	\$28.91	\$33.26	\$46.70
\$1 - \$500	\$41.46	\$43.63	\$50.37	\$56.75	\$69.92	\$103.49
\$501 - \$1,000	\$53.77	\$57.90	\$70.00	\$81.25	\$101.96	\$152.69
\$1,001 - \$1,500	\$66.45	\$72.58	\$90.13	\$106.32	\$134.69	\$202.83
\$1,501 - \$2,000	\$77.84	\$85.66	\$107.79	\$128.07	\$162.93	\$245.81
\$2,001 - \$2,500	\$91.11	\$100.81	\$127.95	\$152.58	\$194.62	\$293.72
\$2,501 - \$3,000	\$101.97	\$113.56	\$145.86	\$175.33	\$224.47	\$339.75
\$3,001 - \$3,500	\$114.38	\$127.97	\$165.72	\$200.16	\$256.90	\$389.43
\$3,501 - \$4,000	\$130.99	\$147.49	\$193.25	\$235.20	\$302.98	\$460.72
\$4,001 - \$4,500	\$141.16	\$159.20	\$209.13	\$254.80	\$328.46	\$499.49
\$4,501 - \$5,000	\$153.33	\$173.44	\$228.98	\$279.87	\$361.19	\$549.59

**Optional Upgrades**

Cancel for Any Reason: 1.7 x the plan costs listed above      Rental Car Damage Coverage: \$10 per day



**OPTIONAL CANCEL FOR ANY REASON**

The Optional Cancel for Any Reason (CFAR) provides reimbursement for 75% of the prepaid, non-refundable, forfeited payments you paid for your trip if you cancel your trip for any reason not otherwise covered by this plan. Must be purchased with initial plan and within 14 days of the date your initial payment or deposit for your trip is received and you cancel your trip no later than 2 days prior to the scheduled departure date of your trip. This Optional Cancel for Any Reason Benefit does not cover the failure of the Retail Travel Supplier to provide the bargained-for Travel Arrangements due to cessation of operations for any reason.

**15 DAY FREE LOOK**

If you are not satisfied within 15 days of purchasing this plan, you can get 100% refund of your plan cost provided you haven't had a loss, claim or traveled yet.

**NON-INSURANCE AND TRAVEL ASSISTANCE SERVICES**

24-hour travel assistance services are provided by On Call International.

**Trawick International**

<https://nativity.trawickinternational.com>  
PO Box 2284 • Fairhope, Alabama 36533  
(833) 667-4462



**\*CLICK HERE TO VIEW PLAN DOCUMENT\***

This advertisement contains highlights of the plans, which include travel insurance coverages underwritten by United States Fire Insurance Company under form series T7000 et. al., T210 et. al. and TP-401 et. al. The Crum & Forster group of companies is rated A (Excellent) by AM Best 2021. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. The plans also contain noninsurance Travel Assistance Services provided by Nativity Pilgrimage. Coverages may vary and not all coverage is available in all jurisdictions. Insurance coverages are subject to the terms, limitations and exclusions in the plan, including an exclusion for pre-existing conditions. In most states, your travel retailer is not a licensed insurance producer/agent, and is not qualified or authorized to answer technical questions about the terms, benefits, exclusions, and conditions of the insurance offered or to evaluate the adequacy of your existing insurance coverage. Your travel retailer may be compensated for the purchase of a plan and may provide general information about the plans offered, including a description of the coverage and price. The purchase of travel insurance is not required in order to purchase any other product or service from your travel retailer. CA DOI toll free number: 800-927-4357. MD Insurance Administration: 800-492-6116 or 410-468-2340. The cost of your plan is for the entire plan, which consists of both insurance and non-insurance components. Individuals looking to obtain additional information regarding the features and pricing of each travel plan component, please contact Trawick International. Trawick International, Post Office Box 2284, Fairhope AL 36533; (888) 301-9289; Info@TrawickInternational.com; California License No. 0K02805.