

Join us for a 13-Day Pilgrimage to

The Holy Land & Egypt



For Office Use Only

Date	Payment	Check #

Dates: 9/30/24 - 10/12/24

Cost: \$4,900 per person

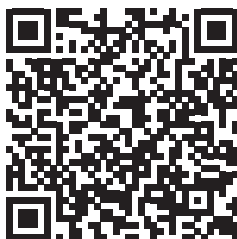
Departure: Round-trip air from Dallas, TX (DFW)

Tour Operated by: Nativity Pilgrimage

Phone: 832-406-7050

Email: info@nativitypilgrimage.com

Website: www.nativitypilgrimage.com



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)					
Special room accommodations					
<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 \$1,100)					

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

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 D01 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.