| Join us for a 13-Day Pilgrimage t   | 13-Day Pilgrimage to    |  | For Office Use Only    |                           |                  |
|---|-------------------------|--|------------------------|---------------------------|------------------|
| The Holy La   | and                     | Nativity   | Date                   | Payment                   | Check #          |
| The Holy La   | -                       | Registration Form  |                        |                           |                  |
| Dates: Oct. 20 - Nov. 01, 2024  |                         |  |                        |                           |                  |
| <b>Cost:</b> \$4,899 per person<br><b>Departure:</b> Round-trip air from                    | El Paso, TX             |  |                        |                           |                  |
| Tour Operator: Nativity Pilgrim   | nage                    |  |                        |                           |                  |
| <b>Phone:</b> (832) 406-7050  |                         |  |                        |                           |                  |
| Email: info@nativitypilgrimage.   | com                     | <b>清白於果物</b> 。   |                        |                           |                  |
| Website: <u>www.nativitypilgrimag</u>   | <u>e.com</u>            | Trip Code = NP-3331  |                        |                           |                  |
| I understand it is my responsib<br>PASSPORTS MUST BE VALII                                  |                         | s/re-entry permit necessary for                                      | this trip if I don't h | l<br>old an American Pass | port.            |
| I have read and agreed to all the<br>PLEASE PRINT & ATTACH O<br>NAMES ON THIS FORM AN       | COPY OF YOUR PAS        | SPORT WITH THIS REGIST   | RATION.                |                           |                  |
| Last name   | First name              |  | Middle                 |                           |                  |
| Address   |                         | City, State, Zipcod  | e                      |                           |                  |
|   |                         |  |                        |                           |                  |
| Phone # (including area code)   |                         | Email  |                        |                           |                  |
| Passport Number   | Place of issue          |  | Date of issue          |                           |                  |
| Expiration date   | Date of birth           |  | Gender: M F            |                           |                  |
| Emergency Contact (name & pho   | one number)             |  |                        |                           |                  |
|   |                         |  |                        |                           |                  |
| Special room accommodations   |                         |  |                        |                           |                  |
| I want to room with (fin  | rst & last name)        |  |                        |                           |                  |
| I need a roommate   |                         |  |                        |                           |                  |
| I want a single room (at  |                         |  |                        |                           |                  |
| Please enclose a \$300 per person no<br>copy of p   |                         | nsferable deposit by check or cre<br>rilgrimage   15710 JFK Blvd. Su |                        |                           | pplication and   |
|   |                         | Payment Options  |                        |                           |                  |
|   | Master Card             |  | rican Express          | -                         |                  |
|   |                         | Zip code Exp.  |                        |                           |                  |
| (Please make  | checks payable to Nativ | ity Pilgrimage) (There is a 3% char                                  | ge for all credit card | payments)                 |                  |
| Select one option: Charge my DEPO   |                         |  |                        |                           |                  |
| I understand it is my responsibility to obta<br>valid for 6 months after the scheduled retu |                         |  |                        |                           | assports must be |
| PRINT NAME:   |                         | SIGNATURE:   |                        | DATE:                     |                  |



### Safe Travels First Class International Travel Protection Plan



#### **Plan Highlights**

- Comprehensive coverage for trip cancellation, trip interruption, emergency medical and post-departure travel coverage
- Pre-Existing medical condition waiver available
- US residents traveling within the United States and abroad
- Up to \$150,000 in Secondary emergency medical coverage
- Cancel for Any Reason available in most states
- Property Damage coverage available for accommodations
- Rates for AK, MO, and PA are listed on page 3 and all other state rates are listed on page 4

## **Property Damage**

Provides reimbursement for direct physical damage to covered real or personal property within the unit occupied by the insured during the trip.

### **Cancel for Any Reason**

Provides reimbursement for the percentage 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 policy. Must be purchased with initial policy and within 14 days of the trip deposit date, and the full, non-refundable trip cost is insured. \*Not available in NY and WA.

## **Pre-existing Medical Condition Exclusion Waiver**

Exclusion is waived if coverage is purchased within 14 days of the initial trip deposit date, and the full, non-refundable trip cost is insured, and you are medically able to travel on the policy effective date.

# 10-Day Free Look

If you are not satisfied within 10 days of purchasing this plan, Trawick International will refund your premium cost if you have not departed on your trip or filed a claim.

#### Non-Insurance and Travel Assistance Services

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

# Underwritten by:

Benefits listed describe all of the travel insurance benefits, underwritten by Nationwide Mutual Insurance Company. There are certain restrictions, exclusions and limitations that apply to all services and coverages. Plan benefits, limits, and provisions may vary by state. To review full plan details online, visit www.trawickinternational.com. You will receive a Certificate of including available 24-hour emergency assistance services and for your state of residence.

## Plan Admin:

Trawick International (888) 301 - 9289 PO Box 2284 Fairhope, AL 36533 info@trawickinternational.com www.trawickinternational.com