

Join us for this once-in-a-lifetime experience

# The Shrines of Italy

## 11-Day Pilgrimage



### For Office Use Only

| Date | Payment | Check # |
|------|---------|---------|
|      |         |         |
|      |         |         |
|      |         |         |
|      |         |         |

**Dates:** Sept. 01 - 11, 2024

**Cost:** \$4,399 per person

**Departure:** Round-trip air from New York (JFK)

**Tour Operator:** Nativity Pilgrimage

**Phone:** 832-406-7050

**Email:** info@nativitypilgrimage.com

**Website:** [www.nativitypilgrimage.com](http://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)                                |  |                |       |                      |  |
| <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 \$900) |  |                |       |                      |  |

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:** \_\_\_\_\_

# Nativity Pilgrimage Plan

International Travel Medical Plan with Optional Trip Protection Benefits



## Benefits of Coverage

| Benefits Purchased on Your Behalf by Nativity Pilgrimage       | Maximum Benefit Amount            |
|--|-----------------------------------|
| <b>Medical &amp; AD&amp;D Coverage</b>                         |                                   |
| Medical Evacuation and Repatriation of Remains                 | \$250,000                         |
| Emergency Medical Evacuation                                   | Included                          |
| Medical Repatriation   | Included                          |
| Repatriation of Remains  | Included                          |
| <b>Additional Medical Evacuation</b>                           |                                   |
| Transportation of Children/Child                               | Included                          |
| Bedside Visit Transportation to Join You                       | Included                          |
| Emergency Accident and Sickness Medical Expense                | \$50,000                          |
| Dental Expenses  | \$750                             |
| <b>Trip Coverage</b>   |                                   |
| Trip Interruption  | \$500 (Return Air Only)           |
| Trip Delay (6 Hours)   | \$150/day; \$750 maximum          |
| Missed Connection (3 Hours)                                    | \$500                             |
| Political or Security Evacuation & Natural Disaster Evacuation | \$150,000                         |
| <b>Personal Items Coverage</b>                                 |                                   |
| Baggage and Personal Effects                                   | \$1,500                           |
| Baggage Delay (24 Hours)                                       | \$400                             |
| <b>Option 1: Add Cancellation &amp; Interruption Coverages</b> |                                   |
| Trip Cancellation  | 100% of Trip Cost (Max. \$20,000) |
| Trip Interruption  | 150% of Trip Cost (Max. \$20,000) |
| Frequent Traveler Reward                                       | \$250                             |
| <b>Option 2: Add Cancellation for Any Reason</b>               |                                   |
| Cancel For Any Reason  | 75% of Trip Cost (Max. \$20,000)  |