

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

# Italy & Medjugorje

## 11-Day Pilgrimage



### For Office Use Only

Date	Payment	Check #

**Dates:** Oct. 14 - 25, 2024

**Cost:** \$4,699 per person

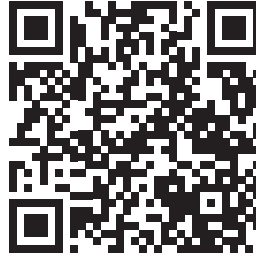
**Departure:** Round-trip air from New York (JFK)

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

# 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)