Join us for an 11-Day			For Office Use Only		
Marian Shrin	e	Nativity	Date	Payment	Check #
Pilgrimage		Registration Form			
Dates: July 15 - 25, 2024		-			
Cost: \$4,299 per person					
Departure: Round-trip air from At	tlanta, GA				
Tour Operator: Nativity Pilgrimag	e				
Phone: 832-406-7050					
Email: info@nativitypilgrimage.com	m	2			
Website: www.nativitypilgrimage.c	om				
I understand it is my responsibilit PASSPORTS MUST BE VALID A			this trip if I don't ho	old an American Pass	port.
I have read and agreed to all the to PLEASE PRINT & ATTACH CO NAMES ON THIS FORM AND	PY OF YOUR PASSE	PORT WITH THIS REGISTI	RATION.		
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	e number)				
Special room accommodations					
I want to room with (first	& last name)				
I want a single room (at an	n additional \$900)				
Please enclose a \$300 per person non-1	refundable non-transf	erable deposit by check or cre rimage 15710 JFK Blvd. Su			pplication and
17 1		ayment Options	. ,		
Check	Master Card		ican Express	Discover	
Credit Card #					
(Please make che	ecks payable to Nativity	Pilgrimage) (There is a 3% char	ge for all credit card	payments)	
Select one option: Charge my DEPOSIT				-	
I understand it is my responsibility to obtain valid for 6 months after the scheduled return					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 insurance which describes the benefits and limitations in detail 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