15-Day Pilgrimage

PRINT NAME:

# The Holy Land & Jordan



For (	Office Use (	Only
Date	Payment	Check #

DATE:

<b>%</b> Jordan	Registration Form			
<b>Dates:</b> May 04 - 18, 2024				
Cost: \$7,600 per person	国 348866 国			
<b>Departure:</b> Round-trip air from Dallas, TX				
<b>Four Coordinator:</b> Luanne Neely				
Phone: 903-926-0343				
E <b>mail:</b> hnee15@yahoo.com	<b>高数数数</b>			
Website: www.nativitypilgrimage.com	(m) 5.4843 P.16			
I understand it is my responsibility to obtain any v	visas/re-entry permit necessary for	this trip if I don't he	old an American Passı	oort.

I understand it is my responsibility to o			s trip if I don't hold	l an American Passport		
I have read and agreed to all the terms PLEASE PRINT & ATTACH COPY O NAMES ON THIS FORM AND PASS	OF YOUR PASSPORT	WITH THIS REGISTRA	ΓΙΟΝ.			
Last name Fin	rst name		Middle	dle		
Address		City, State, Zipcode				
Phone # (including area code)		Email				
Passport Number	Place of issue		Date of is	ssue		
Expiration date	Date of birth			Gender: M	F	
Emergency Contact (name & phone num  Special room accommodations	mber)					
I want to room with (first & la	ast name)					
I need a roommate						
I want a single room (at an add	ditional \$1,800)					
Please enclose a \$300 per person non-refun copy of passport		deposit by check or credit ge   15710 JFK Blvd. Suite			ication and	
Payment Options						
Credit Card #	Zip c	Visa America odeExp. Da mage) (There is a 3% charge f			_	
Select one option: Charge my DEPOSIT now Check enclosed for DEPOSIT ONLY  I understand it is my responsibility to obtain any v	Check enclosed for TOTA	L trip cost (excluding any insu	rance) Charge D	DEPOSIT ONLY to my cre	edit card	
i unucistanu it is my responsibility to obtain any v	isas/ie-entry permits nece	essai y 101 tilis ti ip 11 1 d0 flot fl	oid an American pas	sport. I understand passpo	or is 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.

SIGNATURE:





# 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