Shrines of Italy

12-Day Pilgrimage

Datas.	Santamb	or 30	October	11	2024
Dates:	Septemi	er 50 -	October	11,	2024

Cost: \$4,990 per person Departure: Cedar Rapids, IA

Tour operated by: Nativity Pilgrimage

Phone: 832-406-7050

PRINT NAME:

Email: info@nativitypilgrimage.com Website: www.nativitypilgrimage.com





	For Office Use Only				
	Date	Payment	Check #		

DATE:_

Pilgrimage		,	
Registration Form			
Trip Code = 3582			
entry permit necessary for	this trip if I don't he	old an American Passi	ort

I understand it is my responsibility to copassion and a passports must be valid after a passport of the passpo			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 W	VITH THIS REGISTRAT	ΓΙΟΝ.		
Last name Fir	First name Midd		Middle		
Address		City, State, Zipcode			
Phone # (including area code)	ĪF;	mail			
inone " (metading area code)					
Passport Number Place of issue			Date of issue		
			'		
Expiration date	Date of birth			Gender: M F	
Emergency Contact (name & phone nur	mher)				
Emergency Contact (name & phone nar	11001)				
Special room accommodations					
I want to room with (first & la	st name)				
☐ I need a roommate					
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					
	_	_	· 🗀	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)					
(Flease make checks p	ayable to Nativity Fiigriiia	age) (There is a 5% charge is	or an credit card pay	yments)	
elect one option: Charge my DEPOSIT now	and the balance due 100 da	ays before departure. Cha	arge my TOTAL trip	cost now (excludes any insurance)	
Check enclosed for DEPOSIT ONLY			_		
understand it is my responsibility to obtain any vi		n 2 weeks of registration, pleasary for this trip if I do not he			
valid for 6 months after the scheduled return date a	, 1	, .			

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, underwritter 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