11-Day Pilgrimage Experience			For	For Office Use Only		
Greece		Nativity Pilgrimage	Date	Payment	Check #	
& Turkey	7	Registration Form	n			
Dates: Oct. 1 - 11, 2024						
Cost: \$4,699 per person		me.ee.e	-			
Departure: Newark, NJ		黑海风雨	빞			
Tour Operator: Nativity Pilg	rimage	70 M	≨			
Phone: 832-406-7050		***	9			
Email: info@nativitypilgrima	age.com		:			
Website: www.nativitypilgrin	nage.com		2			
		Trip Code = 3653				
I understand it is my respon			for this trip if I don't h	old an American Pass	port.	
I have read and agreed to al PLEASE PRINT & ATTAC NAMES ON THIS FORM	ll the terms and conditions	s as set forth in this brochus SPORT WITH THIS REG				
Last name	First name		Middle			
Address		City, State, Zip	code			
Phone # (including area code)		Email				
Passport Number Place of issue		ue	Date of issue			
			l			
Expiration date	Date of birth			Gender: M F		
Emergency Contact (name &	phone number)					
8 17 11 111 (11 11 11	1					
Special room accommodatio	ns					
I want to room with	(first & last name)					
I need a roommate						
I want a single room	ı (at an additional \$900)	i				
Please enclose a \$300 per person copy of		sferable deposit by check o ilgrimage 15710 JFK Blvo			application and	
	<u>J</u>	Payment Options				
Check Credit Card #	Master Card		merican Express [Exp. Date	Discover CVV Code		
	ake checks payable to Nativi	ty Pilgrimage) (There is a 3%	•			
select one option: Charge my DI	EPOSIT now and the balance	due 100 days before departure	Charge my TOTAL	trin cost now (excludes as	ov incurance)	
Check enclosed for DEPOSIT		•		-	•	
	_	mail within 2 weeks of registra	•		, orean cura	
I understand it is my responsibility to valid for 6 months after the scheduled	obtain any visas/re-entry peri	mits necessary for this trip if I	do not hold an American	passport. I understand p	assports must be	

SIGNATURE:_

DATE:_

PRINT NAME:_





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