#### **REGISTRATION FORM**

# **Shrines of Italy**

10-Day Pilgrimage

Dates: September 09 - 18, 2024

Cost: \$3,999 per person

Departure: Round-trip air from Dallas (DFW)

Tour Operator: Nativity Pilgrimage

Phone: 832-406-7050

PRINT NAME:

Email: info@nativitypilgrimage.com

Website: www.nativitypilgrimage.com







Trip Code = 3671		

Date

For Office Use Only

Payment

DATE:

Check #

		111p code = 30/1					
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 term PLEASE PRINT & ATTACH COP NAMES ON THIS FORM AND PA	Y OF YOUR PASSPOR	RT WITH THIS REG		N.			
Last name	First name		Mic	ddle		,	
Address		City, State, Zip	code				
Phone # (including area code)		Email					
Passport Number Place of issue			Date of issue				
Expiration date	Date of birth				Gender: M	F	
					1		
Emergency Contact (name & phone r	number)						
Special room accommodations							
☐ I want to room with (first &	last name)						
I need a roommate							
I want a single room (at an additional \$800)							
Please enclose a \$300 per person non-ref	undable non-transferal					pplication and	
	Payı	ment Options					
Check N	faster Card	Visa A	merican Ex	xpress	Discover		
Credit Card #	Zip	code	Exp. Date_		CVV Code		
(Please make check	s payable to Nativity Pilg	grimage) (There is a 3%	charge for al	l credit card p	payments)		
elect one option: Charge my DEPOSIT n	ow and the balance due 1	00 days before departure	e. Charge	my <b>TOTAL</b> tri	ip cost now (excludes an	y insurance)	
Check enclosed for <b>DEPOSIT ONLY</b>			_				
	red a confirmation email w	-	·	-	·		

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

SIGNATURE:

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.





## 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