Pilgrimage to **Spain**



Camino de Santiago

Dates: September 16 - 25, 2024

Cost: \$3,949 per person

Departure: Round-trip air from Chicago **Tour Operator:** Nativity Pilgrimage

Phone: (832) 406-7050

PRINT NAME:

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



For Office Use Only						
Date	Payment	Check #				

DATE:

I understand it is my responsibili PASSPORTS MUST BE VALID			this trip if I don't hol	ld an American Passp	ort.	
I have read and agreed to all the to PLEASE PRINT & ATTACH CONAMES ON THIS FORM AND	OPY OF YOUR PASSPORT	WITH THIS REGIST	TRATION.			
Last name	First name Middle					
	1					
Address City, State, Zipcode						
Dh. a. a. # (* . 1 . 1* 1 .)	IT	7 a i 1				
Phone # (including area code)		Email				
Passport Number Place of issue		Date of issue				
Expiration date	Date of birth			Gender: M	F	
Emergency Contact (name & phon	e 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- copy of pas	refundable non-transferable sport to: Nativity Pilgrimag				plication and	
Payment Options						
☐ Check ☐			rican Express			
Credit Card #	Zip co	odeExp	. Date	CVV Code		
(Please make checks payable to Nativity Pilgrimage) (There is a 3% charge for all credit card payments)						
elect one option: Charge my DEPOSI	T now and the balance due 100 d	lays before departure.] Charge my TOTAL tri	p cost now (excludes an	y insurance)	
☐ Check enclosed for DEPOSIT ONLY ☐ Check enclosed for TOTAL trip cost (excluding any insurance) ☐ Charge DEPOSIT ONLY to my credit card						
If you haven't received a confirmation email within 2 weeks of registration, please contact Nativity Pilgrimage.						
I understand it is my responsibility to obtain valid for 6 months after the scheduled return					ssports must be	

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