12-Day Pilgrimage Experience				For Office Use Only		
		<b>Nativity</b> Pilgrimage	Date	Payment	Check #	
Marian Shri	nes					
with Paris						
Dates: September 22 - October 3	3, 2024					
Cost: \$5,199 per person		目的感激目				
Departure: Columbus, OH		22.2				
Tour Operator: Nativity Pilgrim	nage					
<b>Phone:</b> 832-406-7050		他的法律				
Email: info@nativitypilgrimage.	.com	回复是年分的				
Website: www.nativitypilgrimag	je.com	Trip Code: 3684				
I understand it is my responsib PASSPORTS MUST BE VALU		as/re-entry permit necessary for	this trip if I don't h	old an American Pass	port.	
I have read and agreed to all th	e terms and condition COPY OF YOUR PA	ns as set forth in this brochure. SSPORT WITH THIS REGIST	RATION.			
Last name	First name		Middle			
Address	·		1			
Address		City, State, Zipcoc	le			
Phone # (including area code)		Email				
Passport Number	Place of issue		Date of issue			
					_	
Expiration date	Date of	birth		Gender: M	F	
Emergency Contact (name & pho	one number)					
Special room accommodations I want to room with (find)	rot er last name)					
I need a roommate						
I want a single room (at	t an additional \$1.0	00)				
Please enclose a \$300 per person no	n-refundable non-tra				pplication and	
		Payment Options				
Check	Master Card	· -	rican Express	Discover		
Credit Card #			_	-		
(Please make	checks payable to Nativ	vity Pilgrimage) (There is a 3% cha	rge for all credit card	payments)		
elect one option: Charge my DEPO	SIT now and the balanc	e due 100 days before departure. 🗌	] Charge my <b>TOTAL</b> t	rip cost now (excludes a	ny insurance)	
Check enclosed for DEPOSIT ONI	LY Check enclosed	for TOTAL trip cost (excluding any	insurance) Charg	e DEPOSIT ONLY to m	y credit card	
'		email within 2 weeks of registration				
I understand it is my responsibility to obta valid for 6 months after the scheduled retu					assports must be	
RINT NAME:		SIGNATURE:		DATE:		



#### 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 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