11-Day Pilgrimage Experience			For Office Use Only		
Greece			Date	Payment	Check #
& Turkey		Nativity Pilgrimage			
& luikey					
Dates: May 7 - 17, 2025					
Cost: \$4,790 per person		- 単語語が見			
Departure: Atlanta, GA					
Coordinator: Deacon Richard S	chmidt	The second			
Phone: (404) 670-7628					
Email: richard@nativitypilgrima	ige.com				
Website: www.nativitypilgrimag	<u>e.com</u>	Trip Code = 3417			
I understand it is my responsib		visas/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 condi COPY OF YOUR	itions as set forth in this brochure. PASSPORT WITH THIS REGIST	TRATION.		
Last name	First name		Middle		
Address		City, State, Zipcod	le		
Phone # (including area code)		Email			
Decomont Number	Place o	<i>f</i> :	Data	<u> </u>	
Passport Number	Place o		Date o	Issue	
Expiration date	Date	of birth		Gender: M	F
Emergency Contact (name & pho	one number)				
Special room accommodations					
I want to room with (fi	rst & last name)				
I need a roommate					
I want a single room (a	t an additional \$	3900)			
Please enclose a \$300 per person no	on-refundable non-				application and
COPy of p		Payment Options		1.4 / / 0.52	
Check	Master Card	• •	rican Express	Discover	
Credit Card #	•		_	-	
		Nativity Pilgrimage) (There is a 3% cha			
elect one ontion: Charge my DEDO	SIT now and the ba	lance due 100 days before denerture	Charge my TOTAL 4	rin coet now (aveludes a	ny insuranca)
elect one option: Charge my DEPO				-	•
		sed for TOTAL trip cost (excluding any tion email within 2 weeks of registration			y credit card
I understand it is my responsibility to obta	ain any visas/re-entr	y permits necessary for this trip if I do r	not hold an American	passport. I understand p	assports must be
valid for 6 months after the scheduled retu	ırn date and I have r	read and agreed on all the terms and cor	nditions as set forth in	the brochure.	

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, 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