REGISTRATION FORM				NP371	
Marian Shrines		For (For Office Use Only		
& Rome - 12-Day Pilgrimag	Nativitě	Date	Payment	Check #	
The second se					
Dates: August 5 -16, 2024					
Cost: \$5,749 per person					
Departure: Round-trip from Cincinnati, OH					
Tour Operator: Nativity Pilgrimage					
Phone: 832-406-7050					
Email: info@nativitypilgrimage.com					
Website: <u>www.nativitypilgrimage.com</u>					
I understand it is my responsibility to obtain a	ny visas/re-entry permit necessary for	this trip if I don't h	l old an American Pass	port.	
PASSPORTS MUST BE VALID AFTER 6 MC	ONTHS OF DEPARTURE.			Port	
I have read and agreed to all the terms and cor PLEASE PRINT & ATTACH COPY OF YOU NAMES ON THIS FORM AND PASSPORT	R PASSPORT WITH THIS REGIST	RATION.			
Last name First nam	e	Middle			
Address	City, State, Zipcod	le			
	IT				
Phone # (including area code)	Email				
Passport Number Place	e of issue	Date o	f issue		
		I			
Expiration date Da	te of birth		Gender: M	F	
Emergency Contact (name & phone number)					
Special room accommodations					
I want to room with (first & last nam	e)				
I need a roommate					
I want a single room (at an additional	l \$1,000)				
Please enclose a \$300 per person non-refundable no copy of passport to: Nat	on-transferable deposit by check or cr i vity Pilgrimage 15710 JFK Blvd. S u			pplication and	
	Payment Options				
Check Master Car		rican Express			
Credit Card #				—	
(Please make checks payable to	o Nativity Pilgrimage) (There is a 3% cha	rge for all credit card	payments)		
Select one option: Charge my DEPOSIT now and the	balance due 100 days before departure.] Charge my TOTAL t	rip cost now (excludes as	ny insurance)	
Check enclosed for DEPOSIT ONLY Check end				y credit card	
*If you haven't received a confirm I understand it is my responsibility to obtain any visas/re-envalid for 6 months after the scheduled return date and I have		not hold an American	passport. I understand p	assports must be	
	-				
PRINT NAME:	SIGNAI UKE:		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