Shrines of Italy 13-Day Pilgrimage



For Office Use Only Check # Date Payment

DATE:

Dates: October 14 - 26, 2024
Cost: \$4,499 per person

Departure: Round-trip air from San Francisco

Tour Operator: Nativity Pilgrimage

Phone: 832-406-7050

PRINT NAME:

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

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I understand it is my responsibility to PASSPORTS MUST BE VALID AFT			I don't hold	l an American Passp	ort.	
I have read and agreed to all the terms PLEASE PRINT & ATTACH COPY NAMES ON THIS FORM AND PAS	OF YOUR PASSPORT WITH TH	IS REGISTRATION.				
Last name F	irst name	Middl	e			
-						
Address	City, Sta	te, Zipcode				
	ha1					
Phone # (including area code)	Email					
Passport Number	Place of issue		Date of is	cciie		
i assport ivalilloci	Trace or issue		Date of is			
Expiration date	Date of birth			Gender: M	F	
Emergency Contact (name & phone nu	mber)					
Special room accommodations						
I want to room with (first & l	ast name)					
I need a roommate						
I want a single room (at an ac	lditional \$1,100)					
Please enclose a \$300 per person non-refur copy of passport	ndable non-transferable deposit by t to: Nativity Pilgrimage 15710 J				oplication and	
Payment Options						
Credit Card #	ster Card Visa Zip code	American Expr	_	Discover CVV Code		
(Please make checks	payable to Nativity Pilgrimage) (There	e is a 3% charge for all cr	edit card pay	yments)		
Select one option: Charge my DEPOSIT nov	w and the balance due 100 days before d	leparture.	TOTAL trip	cost now (excludes an	y insurance)	
Check enclosed for DEPOSIT ONLY	Check enclosed for TOTAL trip cost (ex	scluding any insurance)	Charge D	DEPOSIT ONLY to my	rcredit card	
	d a confirmation email within 2 weeks o					
I understand it is my responsibility to obtain any valid for 6 months after the scheduled return date					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