REGISTRATION FORM NP3755

11-day
Tour
of
Italy

Tour Operator: Nativity Pilgrimage

Phone: (832) 406-7050

For Office Use Only

Date Payment Check #

Dates: September 3 - 13, 2024

Cost: \$4,900 per person

Departure: Round-trip from Dallas, TX

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Email: info@nativitypilgrimage.co				
Website: www.nativitypilgrimage.c	com			
I understand it is my responsibility to o	obtain any visas/re-entry permit necessary for thi ER 6 MONTHS OF DEPARTURE.	is trip if I don't hold	an American Passpor	rt.
~	and conditions as set forth in this brochure. OF YOUR PASSPORT WITH THIS REGISTRA SPORT MUST MATCH EXACTLY.	ATION.		
Last name Fir	rst name	Middle		
Address	City, State, Zipcode			
Phone # (including area code)	Email			
Passport Number	Place of issue	Date of is.	sue	
Expiration date	Date of birth		Gender: M	F
Emergency Contact (name & phone nur	mber)			
Special room accommodations				
☐ I want to room with (first & la	ast name)			
☐ I need a roommate				
I want a single room (at an add	ditional \$900)			
	idable non-transferable deposit by check or credito: Nativity Pilgrimage 15710 JFK Blvd. Suite			lication and
	Payment Options			
	ster Card Visa America Zip code Exp. D	· —	Discover CVV Code	
(Please make checks p	payable to Nativity Pilgrimage) (There is a 3% charge	for all credit card pay	ments)	
elect one option: Charge my DEPOSIT now	v and the balance due 100 days before departure. Cl	harge my TOTAL trip o	cost now (excludes any i	nsurance)
	Check enclosed for TOTAL trip cost (excluding any inst			

I understand it is my responsibility to obtain any visas/re-entry permits necessary for this trip if I do not hold an American passport. I understand passports must be valid for 6 months after the scheduled return date and I have read and agreed on all the terms and conditions as set forth in the brochure.

If you haven't received a confirmation email within 2 weeks of registration, please contact Nativity Pilgrimage.

PRINT 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, 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