	Regis	tration	Form
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NP3709

Marian Shrines	For	For Office Use Only		
& Barcelona - 11 Days Nativ	ge Date	Payment	Check #	
<b>Dates:</b> September 17-27, 2024				
Cost: \$4350 per person				
Departure: Round-trip air from LAX	≴⊡			
Tour Operator: Nativity Pilgrimage	3a			
Phone: (832) 406-7050				
Email: info@nativitypilgrimage.com	250			
Website: <u>www.nativitypilgrimage.com</u>				
I understand it is my responsibility to obtain any visas/re-entry permit ne PASSPORTS MUST BE VALID AFTER 6 MONTHS OF DEPARTURE.		old an American Pass	port.	
I have read and agreed to all the terms and conditions as set forth in this b PLEASE PRINT & ATTACH COPY OF YOUR PASSPORT WITH THI NAMES ON THIS FORM AND PASSPORT MUST MATCH EXACTLY	S REGISTRATION.			
ast name First name	Middle			
	I			
ddress City, Stat	te, Zipcode			
· · · · · · · · · · · · · · · · · · ·				
hone # (including area code) Email				
assport Number   Place of issue	Date of	f issue		
xpiration date Date of birth		Gender: M	F	
		1		
mergency Contact (name & phone number)				
pecial room accommodations				
I want to room with (first & last name)				
I need a roommate				
I want a single room (at an additional \$900)				
Please enclose a \$300 per person non-refundable non-transferable deposit by copy of passport to: Nativity Pilgrimage   15710 JH			application and	
Payment Opti	ions			
Check Master Card Visa	American Express	-		
-	Exp. Date			
(Please make checks payable to Nativity Pilgrimage) (There	is a 3% charge for all credit card	payments)		
ect one option: Charge my DEPOSIT now and the balance due 100 days before do	eparture. 🗌 Charge my <b>TOTAL</b>	rip cost now (excludes a	ny insurance)	
Check enclosed for <b>DEPOSIT ONLY</b> Check enclosed for <b>TOTAL</b> trip cost (ex	cluding any insurance) Charg	e DEPOSIT ONLY to m	y credit card	
*If you haven't received a confirmation email within 2 weeks of				
inderstand it is my responsibility to obtain any visas/re-entry permits necessary for this lid for 6 months after the scheduled return date and I have read and agreed on all the te			assports must be	
RINT NAME:		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