



<p>10-Day Pilgrimage</p> <h1 style="margin: 0;">Shrines of Italy</h1> <div style="text-align: center; margin: 20px 0;">  <p>Nativity Pilgrimage</p> <p>Dates: Nov. 11 - 20, 2024 Cost: \$4,499 per person Departure: Austin, TX</p>  </div> <p>Tour Operator: Nativity Pilgrimage Phone: (832) 406-7050 Email: info@nativitypilgrimage.com Website: www.nativitypilgrimage.com</p>	<h2 style="margin: 0;">For Office Use Only</h2> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Date</th> <th style="width: 33%;">Payment</th> <th style="width: 33%;">Check #</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Payment	Check #															
Date	Payment	Check #																	

I understand it is my responsibility to obtain any visas/re-entry permit necessary for this trip if I don't hold an American Passport. **PASSPORTS MUST BE VALID AFTER 6 MONTHS OF DEPARTURE.**

I have read and agreed to all the terms and conditions as set forth in this brochure. **PLEASE PRINT & ATTACH COPY OF YOUR PASSPORT WITH THIS REGISTRATION. NAMES ON THIS FORM AND PASSPORT MUST MATCH EXACTLY.**

Last name	First name	Middle
Address		City, State, Zipcode
Phone # (including area code)		Email
Passport Number	Place of issue	Date of issue
Expiration date	Date of birth	Gender: M F
Emergency Contact (name & phone number)		
Special room accommodations		
<input type="checkbox"/> I want to room with (first & last name)		
<input type="checkbox"/> I need a roommate		
<input type="checkbox"/> I want a single room (at an additional \$800)		

Please enclose a \$300 per person non-refundable non-transferable deposit by check or credit card (see Terms & Conditions) with application and copy of passport to: **Nativity Pilgrimage | 15710 JFK Blvd. Suite 225, Houston, TX 77032**

Payment Options

Check
 Master Card
 Visa
 American Express
 Discover

Credit Card # _____ Zip code _____ Exp. Date _____ CVV Code _____

(Please make checks payable to Nativity Pilgrimage) (There is a 3% charge for all credit card payments)

Select one option: Charge my **DEPOSIT** now and the balance due 100 days before departure. Charge my **TOTAL** trip cost now (excludes any insurance)

Check enclosed for **DEPOSIT ONLY**
 Check enclosed for **TOTAL** trip cost (excluding any insurance)
 Charge **DEPOSIT ONLY** to my credit card

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

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.

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, 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 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