Greece	&	Tur	key
			. •



For Office Use Only							
Date	Paym	ent	Check				

C			For Office Use Offiy			
Greece & Turl The Seven Churches of St. P	aul Pilg	ativity grimage	Date	Payment	Check #	
Dates: October 18 - 29, 2024						
C ost: \$4,799						
Departure: Newark	回候					
Tour Operator: Nativity Pilgrima	ge					
Phone: 832-406-7050	#27					
E mail: info@nativitypilgrimage.co	om .					
Website: www.nativitypilgrimage.	.com	137-2				
I understand it is my responsibility to ob PASSPORTS MUST BE VALID AFTER I have read and agreed to all the terms at PLEASE PRINT & ATTACH COPY OF NAMES ON THIS FORM AND PASSP	R 6 MONTHS OF DEPA nd conditions as set fort F YOUR PASSPORT W	ARTURE. h in this brochure. ITH THIS REGIST	•	ld an American Pass _l	port.	
ast name Firs	t name		Middle			
			'			
ddress		City, State, Zipcodo	2			
none # (including area code)	En	nail				
and March and	DI C:		ID ()			
ssport Number	Place of issue		Date of	issue		
xpiration date	Date of birth			Gender: M	F	
	-			<u> </u>		
mergency Contact (name & phone num	ber)					
pecial room accommodations						
I want to room with (first & last	name)					
I need a roommate						
I want a single room (at an addi	tional \$1,000)					
Please enclose a \$300 per person non-refund- copy of passport to	able non-transferable de				pplication and	
	Paymer	nt Options				
Check Maste	er Card Vis	sa 🔲 Amer	ican Express Date	Discover CVV Code		
(Please make checks pay	yable to Nativity Pilgrima	ge) (There is a 3% char	ge for all credit card p	ayments)		
ect one option: Charge my DEPOSIT now a	nd the balance due 100 day	rs before departure.	Charge my TOTAL tri	p cost now (excludes a	ny insurance)	

Sele ☐ 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, 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