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•	Date	Payment	Check	

**Dates:** August 10 - 22, 2024

Cost: \$4,599

PRINT NAME:

**Departure:** Houston, TX

Tour Operator: Nativity Pilgrimage

**Phone:** 832-406-7050

Email: info@nativitypilgrimage.com

Website: www.nativitypilgrimage.com

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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 term PLEASE PRINT & ATTACH COP NAMES ON THIS FORM AND PA	Y OF YOUR PASSPORT WITI	H THIS REGISTR	ATION.		
Last name	First name		Middle		
Address	Cit	y, State, Zipcode			
Phone # (including area code)	Emai	1			
	•				
Passport Number	Place of issue		Date of	issue	
Expiration date	Date of birth			Gender: M	F
Emergency Contact (name & phone r	number)				
Special room accommodations	1 ( )				
I want to room with (first &	(last name)				
I need a roommate	11.0 141.100)				
I want a single room (at an a	·				
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					
	<b>Payment</b>	<u>Options</u>			
Check N	faster Card Visa	Americ	can Express 🔲	Discover	
Credit Card #	Zip code	Exp. l	Date	CVV Code	
(Please make check	ss payable to Nativity Pilgrimage)	(There is a 3% charge	e for all credit card p	ayments)	
elect one option: Charge my DEPOSIT n	ow and the balance due 100 days be	efore departure.	Charge my <b>TOTAL</b> tri	p cost now (excludes an	y insurance)
Check enclosed for <b>DEPOSIT ONLY</b>	Check enclosed for TOTAL trip of	ost (excluding any in	surance)	DEPOSIT ONLY to my	credit card
*If you haven't receiv	red a confirmation email within 2 w	eeks of registration, p	blease 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

SIGNATURE:

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.





# 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