**Registration Form NP3835** 

England, Ireland,			M	For Office Use Only			
Scotland, & Wa		<b>Nativi</b> Pilgrimag	<b>ly</b>	Date	Payment	Check #	
Dates: September 16-27, 2024							
Cost: \$4,990 (Land/Air) \$4,190 (Land Only)			-				
Departure: Newark, NJ							
Tour Operator: Nativity Pilgrimage							
<b>Phone:</b> 832-406-7050							
Email: info@nativitypilgrimage.com							
Website: www.nativitypilgrimage.com							
I understand it is my responsibility to PASSPORTS MUST BE VALID AF			ssary for thi	s trip if I don't ho	old an American Passj	port.	
I have read and agreed to all the term PLEASE PRINT & ATTACH COPY NAMES ON THIS FORM AND PA	ns and condition OF YOUR PAS	s as set forth in this bro		TION.			
Last name I	First name			Middle			
. 11		la: a		<u>'</u>			
Address		City, State,	Zipcode				
Phone # (including area code)		Email					
	L 21 C:	'		15	c.		
Passport Number	ort Number Place of issue			Date of issue			
Expiration date	Date of birth				Gender: M F		
					<b>'</b>		
Emergency Contact (name & phone n	umber)						
Special room accommodations							
I want to room with (first &	last name)						
I need a roommate							
I want a single room (at an a	dditional \$1,00	00)					
Please enclose a \$500 per person non-refu copy of passpo		nsferable deposit by cho				pplication and	
		Payment Optio	ns				
Credit Card #	aster Card	☐ Visa ☐ Zip code		an Express ate	-		
(Please make checks	s payable to Nativ	ity Pilgrimage) (There is	a 3% charge	for all credit card p	payments)		
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☐ 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