DATE:_

PRINT NAME:

Registration Form			NF3042		
Eucharistic		For (For Office Use Only		
Congress	Nativity Pilgrimage	Date	Payment	Check #	
Quito, Ecuador	riigiiiiiage				
Dates: Sept. 6 - 16, 2024 (Extension Se	ept. 16 - 21)				
Cost: \$2,599 (Land Only) \$2,499 (Ga	lapagos Extension)	_			
Tour Operator: Nativity Pilgrimage]			
Phone: 832-406-7050		ą.			
Email: info@nativitypilgrimage.com		S			
Website: www.nativitypilgrimage.com		3			
I understand it is my responsibility to PASSPORTS MUST BE VALID AFT	obtain any visas/re-entry permit necessary	for this trip if I don't h	l old an American Pass	port.	
I have read and agreed to all the terms PLEASE PRINT & ATTACH COPY	s and conditions as set forth in this brochure OF YOUR PASSPORT WITH THIS REGI				
NAMES ON THIS FORM AND PAS Last name F:	irst name	Middle			
Address	City, State, Zipo	ode			
	'				
Phone # (including area code)	Email				
Passport Number	Place of issue	Date o	f issue		
1					
Expiration date	Date of birth		Gender: M	F	
Emergency Contact (name & phone nu	ımber)				
Special room accommodations					
I want to room with (first & l	last name)				
I need a roommate					
I want a single room (at an ac	dditional \$750)				
	ndable non-transferable deposit by check or t to: Nativity Pilgrimage 15710 JFK Blvd			pplication and	
	Payment Options				
	aster Card Visa Ar	merican Express	_		
Credit Card #(Please make checks	Zip code E payable to Nativity Pilgrimage) (There is a 3% o	-			
		-			
	w and the balance due 100 days before departure.				
Check enclosed for DEPOSIT ONLY	Check enclosed for TOTAL trip cost (excluding a	any insurance)	e DEPOSIT ONLY to m	y credit card	

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.

SIGNATURE:

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





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