NP3744 Registration Form

Join us for a 14-Day Pilgrimage to			For Office Use Only			
Vietr	nam	Nativity ^{Pilgrimage}	Date	Payment	Check #	
Dates: November 15-26, 2						
Cost: \$3,890 per person						
Departure: Round-trip ai	r from Los Angeles					
Tour Operator: Nativity I	c					
Phone: 832.406.7050						
Email: info@nativitypilgr	C					
Website: <u>www.nativitypil</u>	grimage.com					
I understand it is my respo		as/re-entry permit necessary for t IS OF DEPARTURE.	this trip if I don't ho	old an American Passj	port.	
	CH COPY OF YOUR PA	ns as set forth in this brochure. SSPORT WITH THIS REGISTE T MATCH EXACTLY.	RATION.			
Last name	First name		Middle			
4.1.1	·		•			
Address		City, State, Zipcode				
Phone # (including area code)		Email				
Passport Number	Place of is	ssue	Date of	f issue		
	I		I			
Expiration date	Date of	birth		Gender: M	F	
Emergency Contact (name &	phone number)					
Special room accommodation						
	n (first & last name)					
I need a roommate	n (at an additional \$300	0)				
Please enclose a \$300 per perso	n non-refundable non-tra	ansferable deposit by check or cree			pplication and	
сору	of passport to: Nativity	Pilgrimage 15710 JFK Blvd. Su	ite 225, Houston,	TX 77032		
		Payment Options		ים ו		
Credit Card #	Master Card		ican Express	-		
		vity Pilgrimage) (There is a 3% charg				
Select one option: Charge my D	EPOSIT now and the balance	ce due 100 days before departure. 🗌	Charge my TOTAL +	in cost now (excludes as	ny insurance)	
		for TOTAL trip cost (excluding any in				
		email within 2 weeks of registration,	-		/ our u	
I understand it is my responsibility to	o obtain any visas/re-entry pe	ermits necessary for this trip if I do no l and agreed on all the terms and cond	ot hold an American p	assport. I understand pa	assports must be	
vand for o months after the scheduled	a returni date and I nave read	and agreed on all the terms and conc	intons as set forth in i	ne biochure.		

PRINT NAME:_



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 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