Peru & Brazil



12-Day Pilgrimage

Dates: October 16 - 27, 2024 Cost: \$4,999 per person

Departure: Round-trip air from Los Angeles

Tour Operator: Nativity Pilgrimage

Phone: (832) 406-7050

PRINT NAME:

Email: info@nativitypilgrimage.com Website: www.nativitypilgrimage.com



Registration Form



7	Date	Payment	Cneck #
]			

DATE:

For Office Use Only

www.matritypingrimage.ee	<u></u>	111p Code = 332						
I understand it is my responsibility PASSPORTS MUST BE VALID AR			ary for t	this trip if I dor	n't holo	d an American Passı	ort.	
I have read and agreed to all the term PLEASE PRINT & ATTACH COP NAMES ON THIS FORM AND PA	Y OF YOUR PASSPO	RT WITH THIS R		RATION.				
Last name	First name		Middle					
Address		City, State, Z	/incode	2				
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Phone # (including area code)		Email						
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Passport Number	Place of issue	Place of issue		Da	Date of issue			
Expiration date	Date of birth					Gender: M	F	
Emergency Contact (name & phone i	number)							
Special room accommodations								
☐ I want to room with (first 8	last name)							
I need a roommate								
I want a single room (at an	additional \$1,000)							
Please enclose a \$300 per person non-red copy of passpo	fundable non-transfera ort to: Nativity Pilgri						pplicat	ion and
	Pay	ment Option	<u>ıs</u>					
	faster Card	_		ican Express				
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(Please make check	s payable to Nativity Pil	lgrimage) (There is a	5% char	ge for all credit o	card pa	yments)		
elect one option: Charge my DEPOSIT r	ow and the balance due	100 days before depart	ture.	Charge my TOT	'AL trip	cost now (excludes ar	ıy insur	ance)
Check enclosed for DEPOSIT ONLY			-		-		/ credit	card
If you haven't receiv	red a confirmation email	within 2 weeks of regi	stration.	please contact N	ativity 1	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