NP3909

Shrines of Mexico			For C	For Office Use Only		
7-Day Pilgrim		Nativity Pilgrimage	Date	Payment	Check #	
Dates: October 1 - 7, 2024						
Cost: \$1,799						
Departure: Round-trip air from	LAX					
Tour Coordinator: Nativity Pilg	grimage	i (1957). 🗉 👘				
Phone: 832-406-7050						
Email: info@nativitypilgrimage.	.com					
Website: www.nativitypilgrimag	e.com					
I understand it is my responsib			this trip if I don't ho	old an American Pass	port.	
I have read and agreed to all the PLEASE PRINT & ATTACH NAMES ON THIS FORM AN	COPY OF YOUR PASSPO	ORT WITH THIS REGIST	RATION.			
Last name	First name		Middle			
Address		City, State, Zipcoc	le			
hone # (including area code)		Email				
Passport Number	Place of issue		Date of issue			
Expiration date	Date of birth		Gender: M F			
Emergency Contact (name & ph	one number)					
Special room accommodations						
I want to room with (fi						
I need a roommate						
I want a single room (a	t an additional \$500)					
Please enclose a \$300 per person no copy of p	on-refundable non-transfer bassport to: Nativity Pilgri				application and	
	<u>Pay</u>	yment Options				
	Master Card		rican Express	-		
Credit Card #		ip code Exp				
(Please make	checks payable to Nativity Pi	ngrimage) (Inere is a 3% cha	rge for all credit card	payments)		
lect one option: Charge my DEPC				-		
understand it is my responsibility to obt alid for 6 months after the scheduled ret					assports must be	
RINT NAME:	S	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

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