**Registration Form NP4044** 

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#### For Office Use Only Check # Payment

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Pilgr	image ,	

2025	<b>Jubilee</b>	Pilgrimage	

**Dates:** March 24 - April 2, 2025

Cost: \$4,599 per person

**Departure:** Chicago (ORD)

Tour Operator: Nativity Pilgrimage

**Phone:** 832-406-7050

Email: info@nativitypilgrimage.com



378E		

Date

Website: www.nativitypilgrimag	e.com	3:13		
I understand it is my responsibility to o			old an American Passpo	ort.
I have read and agreed to all the terms PLEASE PRINT & ATTACH COPY O NAMES ON THIS FORM AND PASS	OF YOUR PASSPORT WITH TH	HIS REGISTRATION.		
Last name Fin	rst name	Middle		
Address	City, St	ate, Zipcode		
Phone # (including area code)	Email			
Passport Number	Place of issue	Date of	fissue	
_				
Expiration date	Date of birth		Gender: M	F
Emergency Contact (name & phone num	mber)			
Special room accommodations				
I want to room with (first & la	st name)			
I need a roommate				
I want a single room (at an add	ditional \$800)			
Please enclose a \$300 per person non-refun copy of passport	dable non-transferable deposit by to: Nativity Pilgrimage   15710			plication and
	Payment Op	<u>tions</u>		
Check Mas	ster Card Visa	American Express	Discover	
Credit Card #	Zip code	•		
(Please make checks p	oayable to Nativity Pilgrimage) (The	re is a 3% charge for all credit card p	payments)	
elect one option: Charge my DEPOSIT now  Check enclosed for DEPOSIT ONLY	,			
_	a confirmation email within 2 weeks		•	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.

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