



University of St. Thomas

Annual President's Trip

Dates: May 14-26, 2026

Cost: \$8,049 per person from Houston (IAH)

Choose Your Departure City

Houston (IAH)

Other Departure City: _____

Note: This price is set with departure from the cities listed above. Airfare prices can vary from city to city. When choosing another departure city, our office will contact you should there be any additional airline costs.

For Office Use Only

Date	Payment	Check #

FOR MORE INFORMATION, CONTACT CINDY VIAUD

Phone: 713-525-2162

Email: viaudc@stthom.edu

Website: nativitypilgrimage.com/st-thomas-italy

I understand it is my responsibility to obtain any visas/re-entry permit necessary for this trip if I don't hold an American Passport.
PASSPORTS MUST BE VALID AFTER 6 MONTHS OF DEPARTURE.

I have read and agreed to all the terms and conditions as set forth in this brochure.
PLEASE PRINT & ATTACH COPY OF YOUR PASSPORT WITH THIS REGISTRATION. NAMES ON THIS FORM AND PASSPORT MUST MATCH EXACTLY.

Last name	First name	Middle
Address		City, State, Zipcode
Phone		Email
Passport Number	Place of issue	Date of issue
Expiration date	Date of birth	Gender: M F
Emergency Contact (name & phone number)		

SPECIAL ROOM ACCOMMODATIONS

I want to room with (first & last name)

I need a roommate

I want a single room (at an additional \$2,200)

Please enclose a \$300 per person **non-refundable non-transferable** deposit by check with application and passport copy to: **University of St. Thomas, Attn: Cindy Viaud, 3800 Montrose Blvd., Houston, Texas 77006**

Payment Options

Check

Master Card

Visa

American Express

Discover

Credit Card # _____

Zip code _____

Exp. Date _____

CVV Code _____

Please make checks payable to University of St. Thomas

Select one option: Charge my **DEPOSIT** now and the balance due 60 days before departure. Charge my **TOTAL** trip cost now (excludes any insurance)

Check enclosed for **DEPOSIT ONLY** Check enclosed for **TOTAL** trip cost (excluding any insurance) Charge **DEPOSIT ONLY** to my 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 _____

We highly recommend purchasing trip cancellation insurance. This protects you in case of any unforeseen circumstances that may prevent you from going on your trip. We offer insurance through Trawick International. You may also use your own travel insurance if desired.



Nativity Pilgrimage Plan

International Travel Medical Plan with Optional Trip Protection Benefits

Benefits of Coverage

Benefits Purchased on Your Behalf by Nativity Pilgrimage	Maximum Benefit Amount
Medical & AD&D Coverage	
Medical Evacuation and Repatriation of Remains	\$250,000
Emergency Medical Evacuation	Included
Medical Repatriation	Included
Repatriation of Remains	Included
Additional Medical Evacuation	
Transportation of Children/Child	Included
Bedside Visit Transportation to Join You	Included
Emergency Accident and Sickness Medical Expense	\$50,000
Dental Expenses	\$750
Trip Coverage	
Trip Interruption	\$500 (Return Air Only)
Trip Delay (6 Hours)	\$150/day; \$750 maximum
Missed Connection (3 Hours)	\$500
Political or Security Evacuation & Natural Disaster Evacuation	\$150,000
Personal Items Coverage	
Baggage and Personal Effects	\$1,500
Baggage Delay (24 Hours)	\$400
Option 1: Add Cancellation & Interruption Coverages	
Trip Cancellation	100% of Trip Cost (Max. \$20,000)
Trip Interruption	150% of Trip Cost (Max. \$30,000)
Frequent Traveler Reward	\$250
Option 2: Add Cancellation for Any Reason	
Cancel For Any Reason	75% of Trip Cost

Not all Benefits are available in all states, please see the Plan Document for all details.