NP6025

# Peru & Argentina

10-Day Pilgrimage

**Dates:** October 6-15, 2027

**Cost:** $4,999 per person from SFO

## Choose Your Departure City

☐ San Francisco

☐ 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**

**Phone:** 832-406-7050

**Email:** info@nativitypilgrimage.com

**Website:** nativitypilgrimage.com/peru-6025

☐ 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 $800) | | |

Please enclose a **$300** per person **non-refundable non-transferable** deposit by check or credit card (see Terms & Conditions) with application and passport copy to: **Nativity Pilgrimage | 15710 JFK Blvd. Suite 225, Houston, TX 77032**

## Payment Options

☐ **Check** ☐ **Master Card** ☐ **Visa** ☐ **American Express** ☐ **Discover** ☐ **Zelle**

Credit Card #_____ Zip code_____ Exp. Date_____ CVV Code_____

**Please make checks payable to Nativity Pilgrimage | There is a 3% charge for all credit card payments | Send Zelle payments to accounting@nativitypilgrimage.com**

**Select one option:** ☐ Charge my **DEPOSIT** now and the balance due 100 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.



TRAWICK

# 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.