



Greece & Turkey

11-Day Spiritual Journey

Dates: October 4-14, 2026

Cost: \$4,499 per person from Newark, NJ

Choose Your Departure City

- Newark
- Choose Your 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 # |
|------|---------|---------|
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FOR MORE INFORMATION

Phone: 832-406-7050

Email: info@nativitypilgrimage.com

Website: nativitypilgrimage.com/trip-5714

- 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 | | | | |
| <input type="checkbox"/> I want to room with (first & last name) | | | | |
| <input type="checkbox"/> I need a roommate | | | | |
| <input type="checkbox"/> I want a single room (at an additional \$900) | | | | |

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 Travel Insured International. You may also use your own travel insurance if desired.



SCAN FOR MORE INFO >>>



1-800-243-3174
www.travelinsured.com



SINGLE TRIP PLAN COMPARISONS

BASE PLAN

WORLDWIDE TRIP PROTECTOR PLATINUM

WORLDWIDE TRIP PROTECTOR DELUXE

WORLDWIDE TRIP PROTECTOR ESSENTIAL

| Insurance Benefits and other Non-Insurance Services | Worldwide Trip Protector Platinum | Worldwide Trip Protector Deluxe | Worldwide Trip Protector Essentials |
|--|--|--|---|
| Benefit | Maximum Benefit Amount | | |
| Trip Cancellation** | up to 100% of the non-refundable insured Trip Cost* | up to 100% of the non-refundable insured Trip Cost* | up to 100% of the non-refundable insured Trip Cost* |
| Trip Interruption | up to 150% of the non-refundable insured Trip Cost**** | up to 150% of the non-refundable insured Trip Cost*** | up to 100% of the non-refundable insured Trip Cost*** |
| Trip Delay | up to \$200 per day, to a maximum of \$2,000 - 3 hours | up to \$150 per day, to a maximum of \$1,500 - 6 hours | up to \$100 per day, to a maximum of \$500 - 12 hours |
| Missed Connection | up to \$1,000 | up to \$750 | up to \$500 |
| Medical Evacuation and Repatriation of Remains | up to \$1,000,000 | up to \$500,000 | up to \$200,000 |
| Political or Security Evacuation & Natural Disaster Evacuation | up to \$150,000 | up to \$50,000 | --- |
| Baggage & Personal Effects | up to \$2,500 (\$250/article) | up to \$1,500 (\$250/article) | up to \$750 (\$250/article) |
| Baggage Delay | up to \$750 - 3 hours | up to \$500 - 6 hours | up to \$200 - 12 hours |
| Accident and Sickness Medical Expense | up to \$500,000 | up to \$250,000 | up to \$50,000 |
| Dental Sublimit | up to \$750 | up to \$750 | up to \$750 |
| 24-Hour Other than Air Flight Accidental Death & Dismemberment | up to \$10,000 | up to \$10,000 | --- |
| Non-Insurance Travel Assistance Services | Included | Included | Included |

* Up to the lesser of the Trip Cost paid or the limit of coverage on Your confirmation of coverage

** Not applicable when \$0 Trip Cost displayed on Your confirmation of coverage

*** \$500 Return air ticket cost only if \$0 Trip Cost displayed for Trip Cancellation on Your confirmation of coverage

Find out more

[Click here for important Disclaimers](#)

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Glastonbury, CT 06033

www.travelinsured.20241118-4034321