



Please check appropriate space:
 Original _____ Date Modified _____ Payment _____
NO MODIFICATIONS WILL BE ACCEPTED AFTER May 1, 2009!

INTERNATIONAL
ODYSSEY OF THE MIND® 2009 WORLD FINALS LODGING AND MEALS RESERVATION FORM
May 27-May 30, 2009 at Iowa State University – Ames

Please **REGISTER ONLINE** through our website at www.odysseyofthemind.com **OR** mail this completed form to CCI, Inc., 406 Ganttown Road, Sewell, NJ 08080 **OR** fax to: (856) 256-2798. Housing must be **reserved** within two weeks of your Association Finals Tournament. **Payment is due by May 1, 2009.**

Membership name: _____ Mem. #: _____
 Billing name: _____
 Billing address: _____
 City: _____ State/Prov.: _____ Zip: _____ Country: _____
 Day phone: (_____) _____ Cell Phone: (_____) _____
 E-mail address: _____ Fax: (_____) _____

PROBLEM NAME: _____ **DIVISION:** (please circle) I II III IV
 Name(s) of authorized adult(s) in charge of group on campus: _____

Lodging and Meal packages: *Sorry, we cannot alter packages!*

Package 1A: Lodging Tuesday, May 26 through Sunday, May 31. Breakfast, Lunch and Dinner beginning with Dinner on Tuesday and ending with Breakfast on Sunday.
 \$532.00 per person x _____ (# people) =\$ _____

Package 2A: Lodging Wednesday, May 27 through Sunday, May 31. Breakfast, Lunch and Dinner beginning with Dinner on Wednesday and ending with Breakfast on Sunday.
 \$497.00 per person x _____ (# people) =\$ _____

Package 3A: Lodging Thursday, May 28 through Sunday, May 31. Breakfast, Lunch and Dinner beginning with Dinner on Thursday and ending with Breakfast on Sunday.
 \$472.00 per person x _____ (# people) =\$ _____

Additional Night Packages:

Package 4: Lodging Monday, May 25 through Tuesday, May 26. Includes Dinner on Monday, Breakfast and Lunch on Tuesday. (Must Select Package 1A)
 \$79.00 per person x _____ (# people) =\$ _____

Package 5: Lodging Sunday, May 31 through Monday, June 1. Includes Lunch and Dinner on Sunday, Breakfast on Monday.
 \$79.00 per person x _____ (# people) =\$ _____

Lodging and Meal Package Total: \$ _____

(Individual meals can also be purchased on campus at select locations!)

It is anticipated that teams requesting lodging/meal packages will be accommodated on the Iowa State University-Ames campus. If we exceed the capacity of the University Resident Halls:

- 1) Would you be willing to be lodged in a local hotel? (Shuttle service to campus provided.) Yes _____ No _____
- 2) Would you **prefer** to be lodged off-campus in a local hotel? Yes _____ No _____

We cannot guarantee your choice, but will make every effort to accommodate you if there is an overflow situation.

Payments can be made by check or purchase order (provide original) made out to CCI or by Credit Card.
 Payment type: Visa _____ MasterCard _____ American Express _____ Discover _____
 Credit Card #: _____ Expiration Date: _____
 Cvv Code: _____ Name as printed on card: _____ Signature: _____

You must fill out the reverse side of this form to complete your reservation! Purchase Orders must be paid no later than May 1, 2009. Please check your reservation at www.odysseyofthemind.com/wf2009/teams.php instead of contacting our office. Thank you.

LODGING & MEALS RESERVATION FORM, continued – 2009
(Save time and complete online!)

	Enter Answers Below	ISU Office Use Only
Association:		
Membership Name:		
Membership Number:		
Problem #:		
Division #:		
Name of Adult in Charge of Group on Campus (Last Name, First Name format):		
Email:		
Cell Phone:		
Daytime Phone:		
Evening Phone:		
<i>If more than 1 team is included on this form, list the Membership Name & #, Problem, and Division:</i>		

List everyone needing a housing assignment, *pairing each set of roommates together* (majority of rooms are doubles). Odd numbers of people may be assigned a roommate of same gender and similar age from another team. Do not mix genders within a roommate pair unless there is an existing relationship (family members, for example). **Please place an "X" in front of the name of any adult who cannot share a room with a student.**

Room mate Pairs	Gender	Age	Last Name	First Name	Package#	ISU Office Use Only Room Assignment
Room 1						
Room 2						
Room 3						
Room 4						
Room 5						
Room 6						
Room 7						
Room 8						
Room 9						
Room 10						

Medically-Required Special Housing or Dining Accommodations

Dining – List full name, contact telephone number, and description of requirement if anyone listed above has a *medically-required* special diet due to a food allergy (e.g., “severe peanut allergy”, or “requires a gluten-free diet”).

Housing - List full name, contact telephone number, and description of requirement if anyone listed above has a *medically-required* special housing assignment need (e.g., “Uses wheelchair/quadraplegic & must have wheelchair accessible room and bathroom”, or “has broken leg & using crutches/cannot manage a lofted bed/needs minimal stairs”.) Requests for any air-conditioned rooms must have a substantiated *medical* requirement (not a preference).

Return completed form to Creative Competitions, Inc. as shown on the reverse side of this form.