Please check appropriate space:
Original _____ Date Modified _____ Payment ____
NO MODIFICATIONS WILL BE ACCEPTED AFTER APRIL 27, 2012!

DIVISION IV – PARTICIPATING ONLY

ODYSSEY OF THE MIND® 2012 WORLD FINALS LODGING AND MEALS RESERVATION FORM
May 23 - May 26, 2012 at Iowa State University - Ames

Please **REGISTER ONLINE** through our website at **www.odysseyofthemind.com** (and be eligible for the online discount) **OR** mail this completed form to CCI, Inc., 406 Ganttown Road, Sewell, NJ 08080 **OR** fax to: (856) 256-2798. Housing must be **reserved** by April 13, 2012. **Payment is due by April 27, 2012. CANCELLATIONS AFTER APRIL 27, 2012 WILL BE SUBJECT TO 50% PENALTY. ABSOLUTELY NO CANCELLATIONS AFTER MAY 7, 2012!**

Membership name: _____ Mem. #: _____

Billing name: _____

Billing address: _____

City: _____ State/Prov.: _____ Zip: _____ Country: _____

Day phone: (_____) _____ Cell Phone: (_____) _____

Email address: _____ Fax: (_____) _____

PROBLEM NAME: _____

Name(s) of authorized adult(s) in charge of group on campus: _____

(Reminder: If you are arriving in the middle of the night, please select the package from the previous day. For example, if you are arriving at 1:00 AM Wednesday morning, please select package 1A.)

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

Package 1A: Lodging Tuesday, May 22 through Sunday, May 27. Breakfast, Lunch and Dinner beginning with Dinner on Tuesday and ending with Breakfast on Sunday.
$555.00 per person x _____ (# people) = ... $ _____

Package 2A: Lodging Wednesday, May 23 through Sunday, May 27. Breakfast, Lunch and Dinner beginning with Dinner on Wednesday and ending with Breakfast on Sunday.
$531.00 per person x _____ (# people) =..... $ _____

Package 3A: Lodging Thursday, May 24 through Sunday, May 27. Breakfast, Lunch and Dinner beginning with Dinner on Thursday and ending with Breakfast on Sunday.
$499.00 per person x _____ (# people) =..... $ _____

Additional Night Packages:

Package 4: Lodging Monday, May 21 through Tuesday, May 22. Includes Dinner on Monday, Breakfast and Lunch on Tuesday. (Must Select Package 1A)
$79.00 per person x _____ (# people) =.....$ _____

Package 5: Lodging Sunday, May 27 through Monday, May 28. Includes Lunch and Dinner on Sunday, Breakfast on Monday. $79.00 per person x _____ (# people) =.....$ _____

Lodging and Meal Package Total: $ _____

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

It is anticipated that teams requesting lodging/meal packages will be accommodated predominately within the Iowa State University Residence Halls. If we exceed the capacity of the residence halls:

1) Would you **prefer** on-campus, 4-person apartment-style housing with full kitchenette/no utensils (package includes meals and shuttle service to dining area)? Yes _____ No _____
2) Would you be **willing** to be lodged in a local hotel? (shuttle service to campus will be provided) Yes _____ No _____
3) Would you **prefer** off-campus hotel (package includes meals and shuttle service)? Yes _____ No _____

We cannot guarantee your preferences, 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!

LODGING & MEALS RESERVATION FORM, continued – 2012
(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:		
If more than 1 team is included on this form, list the Membership Name & #, Problem, and Division:		

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 the fourth column by the name of any adult who cannot share a room with a student. (Note: they will be paired with another adult either with their team, or if an odd number of adults, with an adult from another team of the same gender.) If you would like $5.00 of your housing cost (with no additional cost to you) to be contributed to COU, please place an "X" in the last column.**

Room mate Pairs	Gender	Age	X	Last Name	First Name	Package#	ISU Office Use Only Room Assignment	COU CONTR
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/quadriplegic & 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).

Purchase Orders must be paid no later than April 27, 2012. Please check your reservation at www.odysseyofthemind.com/wf2012/teams.php instead of contacting our office. Return completed form to Creative Competitions, Inc. as shown on the reverse side of this form. Thank you.