



Please check appropriate space: Original _____ Date Modified _____ Payment _____ <b>NO MODIFICATIONS WILL BE ACCEPTED AFTER APRIL 27, 2018!</b>
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**DIVISION IV – PARTICIPATING AND VOLUNTEERING**  
**ODYSSEY OF THE MIND® 2018 WORLD FINALS LODGING AND MEALS RESERVATION FORM**  
**May 23 - May 26, 2018 at Iowa State University**

Please **REGISTER ONLINE** through our website at [www.odysseyofthemind.com](http://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, 2018. **Payment is due by April 27, 2018. CANCELLATIONS AFTER APRIL 27, 2018 WILL BE SUBJECT TO 50% PENALTY. ABSOLUTELY NO REFUNDS AFTER MAY 4, 2018!**

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.  
 \$435.00 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.  
 \$395.00 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.  
 \$355.00 per person x \_\_\_\_\_ (# people) = .....\$ \_\_\_\_\_

**Additional Night Packages: (May be required to relocate on campus)**

Package 4: Lodging Monday, May 21 through Tuesday, May 22. Includes Dinner on Monday, Breakfast and Lunch on Tuesday. (Must Select Package 1A)  
 \$125.00 per person x \_\_\_\_\_ (# people) = .....\$ \_\_\_\_\_

Package 5: Lodging Sunday, May 27 through Monday, May 28. Includes Lunch and Dinner on Sunday, Breakfast on Monday.  
 \$125.00 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 on the Iowa State University. **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: _____
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**You must fill out the reverse side of this form to complete your reservation!**

**LODGING & MEALS RESERVATION FORM, continued – 2018**  
**(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 &amp; #, 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 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, email address, and description of requirement if anyone listed above has a *medically-required* special diet due to a food allergy with dairy, egg, fish, shellfish, wheat, peanuts, tree nuts and soy. If requesting Halal or Kosher, please list full contact information and details regarding this request.

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/quadruplegic & 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, 2018. Please check your reservation at [www.odysseyofthemind.com/wf2018](http://www.odysseyofthemind.com/wf2018) instead of contacting our office. Return completed form to Creative Competitions, Inc. as shown on the reverse side of this form. Thank you.**