



Please check appropriate space:  
 Original \_\_\_\_\_ Date Modified \_\_\_\_\_ Payment \_\_\_\_\_  
**NO MODIFICATIONS WILL BE ACCEPTED AFTER APRIL 24, 2006!**

**INTERNATIONAL  
 ODYSSEY OF THE MIND® 2006 WORLD FINALS LODGING AND MEALS RESERVATION FORM  
 May 24-May 27, 2006 at Iowa State University – Ames**

Please **REGISTER ONLINE** through our website at [www.odysseyofthemind.com](http://www.odysseyofthemind.com). Housing must be **reserved** within two weeks of your Association Finals Tournament. **Payment is due by April 24, 2006.**

Membership name: \_\_\_\_\_ Mem. #: \_\_\_\_\_

Billing name: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Day phone: (\_\_\_\_\_) \_\_\_\_\_ Evening 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 23 through Sunday, May 28. Breakfast, Lunch and Dinner beginning with Dinner on Tuesday and ending with Breakfast on Sunday.  
 \$498.00 per person x \_\_\_\_\_ (# people) = .....\$ \_\_\_\_\_

Package 2A: Lodging Wednesday, May 24 through Sunday, May 28. Breakfast, Lunch and Dinner beginning with Dinner on Wednesday and ending with Breakfast on Sunday.  
 \$468.00 per person x \_\_\_\_\_ (# people) = .....\$ \_\_\_\_\_

Package 3A: Lodging Thursday, May 25 through Sunday, May 28. Breakfast, Lunch and Dinner beginning with Dinner on Thursday and ending with Breakfast on Sunday.  
 \$438.00 per person x \_\_\_\_\_ (# people) = .....\$ \_\_\_\_\_

Lodging and Meal Package Total: \$ \_\_\_\_\_

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) Apartment-style housing is available on campus on a first signed up, first served basis. (Shuttle service to dining halls is provided.) Would you prefer to be lodged in an apartment with full kitchen, no utensils? (Package includes meals.) Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) Would you be willing to be lodged in a local hotel? (Shuttle service to campus provided.) Yes \_\_\_\_\_ No \_\_\_\_\_
- 3) 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: \_\_\_\_\_

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 April 24, 2006. Check your reservation at [www.odysseyofthemind.com/wf2006/teams.php](http://www.odysseyofthemind.com/wf2006/teams.php)**

Membership # \_\_\_\_\_ Prob/Div \_\_\_\_\_

**Type or neatly print in block letters. List all persons in your group.** Use additional copies if needed. Indicate Division and designate adults with an asterisk (\*). Include ages of non-adults. Each group will receive a block of rooms suitable for their needs. Clearly indicate mixed gender rooms, needs for married couples or different-gender family members by listing them side-by-side with connecting arrows. Specific room assignments will be made by the authorized adult(s) in each group. Due to limited space, some individuals may share a room with someone from another group. **Please place an "X" in front of the name of any adult who cannot share a room with a student.**

	Pkg. #	Div.	Names and Ages of Females	Pkg. #	Div.	Names and Ages of Males
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Estimated time of arrival to the Iowa State University – Ames Campus: \_\_\_\_\_

Estimated time of departure from the Iowa State University – Ames Campus: \_\_\_\_\_

**Special Needs: (Wheelchair access, dietary, etc.)**

**\*Note:** Diabetics or vegetarians can already be accommodated through choices in the dining rooms.

- A. Allergy Concerns – Please describe which member of your group has what type of allergy:  
\_\_\_\_\_
- B. Special Needs for someone staying in Odyssey of the Mind housing:  
\_\_\_\_\_

**Complete this section to aid in the assignment of housing:**

Total Adult Females: \_\_\_\_\_ Total Adult Males: \_\_\_\_\_ { } Check if any mixed gender rooms are indicated above.  
 Total Youth Females: \_\_\_\_\_ Total Youth Males: \_\_\_\_\_  
 Total number of adult males \_\_\_\_ and adult females \_\_\_\_ (listed above) who **cannot** share a room with a student. Be sure to mark an "X" in front of the name of these individuals.

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