



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

**DIVISION IV – PARTICIPATING ONLY**  
**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](http://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** by April 15, 2009. **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:** \_\_\_\_\_  
 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](http://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 &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 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.**