



Please check appropriate space:
 Original _____ Date Modified _____ Payment _____
 NO MODIFICATIONS WILL BE ACCEPTED AFTER APRIL 30, 2010!

DIVISION IV – PARTICIPATING ONLY

**ODYSSEY OF THE MIND® 2010 WORLD FINALS LODGING AND MEALS RESERVATION FORM
 May 26-May 29, 2010 at Michigan State University**

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 by April 15, 2010. **Payment is due by April 30, 2010. CANCELLATIONS AFTER APRIL 30, 2010 WILL BE SUBJECT TO 50% PENALTY. ABSOLUTELY NO CANCELLATIONS AFTER MAY 14, 2010!**

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: _____

(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 25 through Sunday, May 30. 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 26 through Sunday, May 30. 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 27 through Sunday, May 30. 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 24 through Tuesday, May 25. Includes Dinner on Monday, Breakfast and Lunch on Tuesday. (Must Select Package 1A)
 \$99.00 per person x _____ (# people) = \$ _____

Package 5: Lodging Sunday, May 30 through Monday, May 31. Includes Lunch and Dinner on Sunday, Breakfast on Monday.
 \$99.00 per person x _____ (# people) = \$ _____

Meal only packages: *(Enables purchaser to dine in limited Odyssey of the Mind-designated dining facilities. Off-campus teams purchasing meal only packages may be assigned separate dining facility from teams in housing.)*

Package 1B: Breakfast, Lunch and Dinner beginning with Dinner on Tuesday, May 25 and ending with breakfast on Sunday, May 30.
 \$143.00 per person x _____ (# people) = \$ _____

Package 2B: Breakfast, Lunch and Dinner beginning with Dinner on Wednesday, May 26 and ending with Breakfast on Sunday, May 30.
 \$119.00 per person x _____ (# people) = \$ _____

Package 3B: Breakfast, Lunch and Dinner beginning with Dinner on Thursday, May 27 and ending with Breakfast on Sunday, May 30.
 \$98.00 per person x _____ (# people) = \$ _____

Lodging and Meal Package Total: \$ _____

It is anticipated that teams requesting lodging/meal packages will be accommodated on the Michigan State University 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!

LODGING & MEALS RESERVATION FORM, continued – 2010
 (Save time and complete online!)

	Enter Answers Below	MSU 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.**
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	Last Name	First Name	Package#	MSU 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/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 30, 2010. Please check your reservation at www.odysseyofthemind.com/wf2010/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.