

DIVISION IV – PARTICIPATING ONLY

ODYSSEY OF THE MIND[®] 2018 WORLD FINALS LODGING AND MEALS RESERVATION FORM May 23 - May 26, 2018 at Iowa State University

Membership name:	Mem. #:
	State/Prov.: Zip: Country:
Day phone: ()	Cell Phone: ()
Email address:	Fax: ()
PROBLEM NAME:	
	ge of group on campus:
(Reminder: If you a For exampl	arriving in the middle of the night, please select the package from the previous day. if you are arriving at 1:00 AM Wednesday morning, please select package 1A.)
(Reminder: If you a For exampl Lodging and Meal packag Package 1A: Lodging Tuesday, May	e arriving in the middle of the night, please select the package from the previous day. if you are arriving at 1:00 AM Wednesday morning, please select package 1A.) es: Sorry, we cannot alter packages! 22 through Sunday, May 27. Breakfast, Lunch Fuesday and ending with Breakfast on Sunday.
(Reminder: If you a For exampl Lodging and Meal packag Package 1A: Lodging Tuesday, May and Dinner beginning with Dinner o	e arriving in the middle of the night, please select the package from the previous day. if you are arriving at 1:00 AM Wednesday morning, please select package 1A.) PS: Sorry, we cannot alter packages! 22 through Sunday, May 27. Breakfast, Lunch Fuesday and ending with Breakfast on Sunday. \$655.00 per person x (# people) =
(Reminder: If you a For exampl Lodging and Meal package Package 1A: Lodging Tuesday, Maj and Dinner beginning with Dinner o Package 2A: Lodging Wednesday,	e arriving in the middle of the night, please select the package from the previous day. if you are arriving at 1:00 AM Wednesday morning, please select package 1A.) PS: Sorry, we cannot alter packages! 22 through Sunday, May 27. Breakfast, Lunch Fuesday and ending with Breakfast on Sunday. \$655.00 per person x (# people) =
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(Reminder: If you a For exampl Lodging and Meal package Package 1A: Lodging Tuesday, May and Dinner beginning with Dinner o Package 2A: Lodging Wednesday, and Dinner beginning with Dinner o Package 3A: Lodging Thursday, Ma	e arriving in the middle of the night, please select the package from the previous day. if you are arriving at 1:00 AM Wednesday morning, please select package 1A.) PS: Sorry, we cannot alter packages! 22 through Sunday, May 27. Breakfast, Lunch Fuesday and ending with Breakfast on Sunday. \$655.00 per person x(# people) =\$ ay 23 through Sunday, May 27. Breakfast, Lunch Wednesday and ending with Breakfast on Sunday. \$595.00 per person x(# people) =\$

Monday, Breakfast and Lunch on Tuesday. (Must Select Package 1A)

Name as printed on card:

Credit Card #:

CVV Code:

 \$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.

Lodging and Meal Package Total: \$_____

_____ Expiration Date:

Signature:

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

		hat teams re r esidence h		s will be accommodated on the lo	owa State University.	If we exceed the
1)			n-campus, 4-person apartment-s ge includes meals and shuttle se	tyle housing with full kitchenette/n rvice to dining area)?	o Yes	No
2)			g to be lodged in a local hotel? to campus will be provided)		Yes	No
3)	Would y	ou prefer o	ff-campus hotel (package include	es meals and shuttle service)?	Yes	No
We	cannot	guarantee y	our preferences, but will make	e every effort to accommodate y	ou if there is an ove	rflow situation.
Paymen	ts can be	e made by cl	neck or purchase order (provide	original) made out to CCI or by Cr	edit Card.	
Paymen	t type:	Visa	MasterCard	American Express	Disco	ver

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:		
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	х	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/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).