

CVV Code:

Please check	appropriate space:	
Original	Date Modified	Payment
NO MODIF	FICATIONS WILL BE AC	CEPTED AFTER APRIL 27, 2018!

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** (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. ARSOLUTELY NO REFLINDS AFTER MAY 4, 2018!

ABSOLUTELY NO REFUNDS AFTER MA		AFIER AFRIL 27, 2010	WILL BE 30B31	ECT TO 50 % PENALTT.	
Membership name:	Mem. #:				
Billing name:					
Billing address:				 	
City:	State/Prov.:	Zip:	Cou	ntry:	
Day phone: ()	Cell P	hone: ()			
Email address:		Fax: (_)		
PROBLEM NAME:			. ,	1 11 111	
Name(s) of authorized adult(s) in charge of	f group on campus:				
	ving in the middle of the nigh u are arriving at 1:00 AM Wed		-		
Lodging and Meal packages:	Sorry, we cannot alter pa	ckages!			
Package 1A: Lodging Tuesday, May 22 th	•	•			
and Dinner beginning with Dinner on Tues					
Deales as OA. Ladaina Wadaaaday May O		x (# people) =	\$		
Package 2A: Lodging Wednesday, May 23 and Dinner beginning with Dinner on Wednesday.					
and briller beginning with briller on wed		x (# people) =.	\$		
Package 3A: Lodging Thursday, May 24 th					
and Dinner beginning with Dinner on Thurs					
	\$545.00 per person	x (# people) =.	\$		
Additional Night Packages: (I Package 4: Lodging Monday, May 21 thro Monday, Breakfast and Lunch on Tuesday Package 5: Lodging Sunday, May 27 thro Sunday, Breakfast on Monday.	ough Tuesday, May 22. Inclu v. (Must Select Package 1A \$125.00 per person ugh Monday, May 28. Includ \$125.00 per person	ndes Dinner on) x (# people) =.	on \$		
		Loughly and Mean Fac	kage rotal. φ		
(Individual n	neals can be purchased	on campus at sele	ct locations!)		
It is anticipated that teams requesting lo exceed the capacity of the residence ha		e accommodated on	the Iowa State U	niversity campus. If we	
 Would you prefer on-campus, 4- utensils (package includes m 	reals and shuttle service to d			No	
 Would you be willing to be lodge (shuttle service to campus w 	ill be provided)			No	
3) Would you prefer off-campus hot	el (package includes meals	and shuttle service)?	Yes _	No	
We cannot guarantee your preferer	ices, but will make every e	effort to accommodate	you if there is a	n overflow situation.	
Payments can be made by check or purch	ase order (provide original)	made out to CCI or by	Credit Card.		
Payment type: Visa Mas	sterCard	American Express _	 	Discover	
Credit Card #:		Expiration Da	ite:		

_Signature:

Name as printed on card:

LODGING & MEALS RESERVATION FORM, continued – 2018 (Save time and complete online!)

	<u> </u>	
	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).