



Please check appropriate space:

Original _____ Date Modified _____ Payment _____

NO MODIFICATIONS WILL BE ACCEPTED AFTER APRIL 30, 2007!

ODYSSEY OF THE MIND® 2007 WORLD FINALS LODGING AND MEALS RESERVATION FORM May 23-May 26, 2007 at Michigan State University

Please **REGISTER ONLINE** through our website at www.odysseyofthemind.com **OR** mail this completed form to CCI, Inc., Suite F, 1325 Rt. 130 S., Gloucester City, NJ 08030 **OR** fax to: (856) 456-7008. Housing must be **reserved** within two weeks of your Association Finals Tournament. **Payment is due by April 30, 2007.**

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

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 22 through Sunday, May 27. 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 23 through Sunday, May 27. 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 24 through Sunday, May 27. Breakfast, Lunch and Dinner beginning with Dinner on Thursday and ending with Breakfast on Sunday.

\$438.00 per person x _____ (# people) =\$ _____

Additional Night Packages:

Package 4: Lodging Monday, May 21 through Tuesday, May 22.

(Must Select Package 1A)

\$65.00 per person x _____ (# people) =\$ _____

Package 5: Lodging Sunday, May 27 through Monday, May 28.

\$65.00 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 22 and ending with breakfast on Sunday, May 27.

\$143.00 per person x _____ (# people) =\$ _____

Package 2B: Breakfast, Lunch and Dinner beginning with Dinner on Wednesday, May 23 and ending with Breakfast on Sunday, May 27.

\$119.00 per person x _____ (# people) =\$ _____

Package 3B: Breakfast, Lunch and Dinner beginning with Dinner on Thursday, May 24 and ending with Breakfast on Sunday, May 27.

\$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: _____

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 30, 2007. Check your reservation at www.odysseyofthemind.com/wf2007/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 Michigan State University Campus: _____

Estimated time of departure from the Michigan State University 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