



Please check appropriate space:  
 Original \_\_\_\_\_ Date Modified \_\_\_\_\_ Payment \_\_\_\_\_  
**NO MODIFICATIONS WILL BE ACCEPTED AFTER MAY 1, 2020!**

**ODYSSEY OF THE MIND® 2020 WORLD FINALS  
 LODGING AND MEALS RESERVATION FORM  
 May 27 - May 30, 2020 at Iowa State University**

Please **REGISTER ONLINE** through our website at [www.odysseyofthemind.com](http://www.odysseyofthemind.com) (and be eligible for the online discount) **OR** mail this completed form to CCI, 406 Ganttown Road, Sewell, NJ 08080 **OR** fax to: (856) 256-2798. Housing must be **reserved by April 15, 2020. Payment is due by May 1, 2020. CANCELLATIONS AFTER MAY 1, 2020 WILL BE SUBJECT TO 50% PENALTY. ABSOLUTELY NO REFUNDS AFTER MAY 8, 2020.**

Membership Name: \_\_\_\_\_ Mem. #: \_\_\_\_\_

Billing Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**PROBLEM NAME:** \_\_\_\_\_ **DIVISION:** (please circle) I II III

Name(s) of Authorized Adult(s) in Charge of Group on Campus: \_\_\_\_\_

**Estimated time of arrival at Registration: Day \_\_\_\_\_ Time \_\_\_\_\_ am \_\_\_\_\_ pm**

**(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 26 through Sunday, May 31. Breakfast, Lunch and Dinner beginning with Dinner on Tuesday and ending with Breakfast on Sunday.

\$680.00 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.

\$620.00 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.

\$560.00 per person x \_\_\_\_\_ (# people) = .....\$ \_\_\_\_\_

**Additional Night Packages: (May be required to relocate on campus)**

Package 4: Lodging Monday, May 25 through Tuesday, May 26. Includes Dinner on Monday, Breakfast and Lunch on Tuesday. (Must Select Package 1A)

\$125.00 per person x \_\_\_\_\_ (# people) = .....\$ \_\_\_\_\_

Package 5: Lodging Sunday, May 31 through Monday, June 1. Includes Lunch and Dinner on Sunday, Breakfast on Monday.

\$125.00 per person x \_\_\_\_\_ (# people) = .....\$ \_\_\_\_\_

Lodging and Meal Package Total: \$ \_\_\_\_\_

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

It is anticipated that teams requesting lodging/meal packages will be accommodated on the Iowa State University campus. **If we exceed the capacity of the residence halls:**

- 1) Would you **prefer** on-campus, 4-person apartment-style housing with full kitchenette/no utensils (package includes meals and shuttle service to dining area)? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) Would you be **willing** to be lodged in a local hotel? (shuttle service to campus will be provided) Yes \_\_\_\_\_ No \_\_\_\_\_
- 3) Would you **prefer** off-campus hotel (package includes meals and shuttle service)? Yes \_\_\_\_\_ No \_\_\_\_\_

**We cannot guarantee your preferences, 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 – 2020**  
(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	X	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 (mark all that apply)**

<input type="checkbox"/> Lactose Allergy <input type="checkbox"/> Nut Allergy <input type="checkbox"/> Celiac/Gluten Allergy	<input type="checkbox"/> Other Allergens (Explain) _____ <input type="checkbox"/> Religious Observation (Explain) _____
Housing - List full name, contact telephone number, and description of requirement if anyone listed above has a <i>medically-required</i> 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 <i>medical</i> requirement (not a preference).	

**Purchase Orders must be paid no later than May 1, 2020. Please check your reservation at [www.odysseyofthemind.com/wf2020](http://www.odysseyofthemind.com/wf2020) instead of contacting our office as we are preparing for the event. Return completed form to Creative Competitions, Inc. as shown on the reverse side of this form. Thank you.**