

Please print clearly and complete all fields. **Fax to 213.630.6805.**

1. la majors market | visitor type

(Please select your business category for CMC's LA Majors Market.)

New Buyer Returning Buyer New Exhibitor Returning Exhibitor Showroom Rep Other: _____

2. host hotel information

(Note: Shuttle Service between Host Hotels & the CMC not provided during LA Majors Market. Rooms are available on a first-come, first-served basis. Availability and rates are subject to change. Last updated: 03.11.08)

HOST HOTELS

- Sofitel | West LA
- Avalon Hotel | Beverly Hills
- Hollywood Roosevelt Hotel
- The London | West Hollywood

CMC RATES

\$259 single | \$289 double (rates expire Mar 28)
 265 classic room (double, queen or king) | \$295 premium room (double or king)
 \$239 king/double superior | \$259 king/double deluxe | \$309 studio king | \$359 king suite (rates expire Apr 4)
 \$299 suite | \$329 veranda | \$359 vista | \$389 crown | \$589 one-bedroom (rates expire Mar 21)
 (London rates include daily complimentary continental breakfast and complimentary Internet access)

HOTEL PREFERENCE | (List by name your top 3 hotel choices in order of preference.)

1) _____ 2) _____ 3) _____

special request: _____

3. room information

(Please print your name, company information, and CMC Attendee # if applicable. Please use a separate form for each additional room.)

NAME _____ **CMC Attendee #** _____

COMPANY _____

(Names of persons sharing room and buyer information if applicable - maximum of 4 people permitted per room.)

Name _____ New Buyer Returning Buyer **CMC Attendee #** _____

Name _____ New Buyer Returning Buyer **CMC Attendee #** _____

Name _____ New Buyer Returning Buyer **CMC Attendee #** _____

Name _____ New Buyer Returning Buyer **CMC Attendee #** _____

(Please indicate the type of room you are requesting and your expected arrival/departure dates.)

double queen king other: _____

SPECIAL REQUESTS rollaway bed
 non-smoking smoking

ARRIVAL DATE ____/____/____ **DEPARTURE DATE** ____/____/____
mm dd yy mm dd yy

4. deposit

CARD TYPE _____

CARD # _____

EXP DATE _____

NAME ON CARD _____

SIGNATURE _____

5. cancellation policy

Some hotels may require more than one night's room and tax deposit or have a stricter cancellation policy. Please refer to your confirmation for the policy that applies to your hotel.

6. confirmation

(We will send a confirmation to the information provided here within 72 hours. If a confirmation is not received, please contact CMC Travel.)

NAME _____ **COMPANY** _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **POSTAL CODE** _____ **COUNTRY** _____

NAME _____ **COMPANY** _____

TEL _____ **FAX** _____ **E-MAIL** _____