



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

1. la int'l textile show visitor type

(Please select your business category for CMC's LA Int'l Textile Show.)

New Attendee  Returning Attendee  New Exhibitor  Returning Exhibitor  CMC Showroom Rep  Other: \_\_\_\_\_

2. hotel preferences

(Rooms are available on a first-come, first-served basis. Availability and rates are subject to change. Last updated: 03.11.08)

HOST HOTELS

CMC RATES

**Sheraton Downtown L.A.** \$149 single | \$149 double  
**Omni Los Angeles** \$169 single | \$169 double | \$189 triple | \$209 quad | \$550 suite  
**Hilton Checkers** \$169 single | \$169 double  
**\*Avalon Hotel | Beverly Hills** \$265 classic room (double, queen or king) | \$295 premium room (double or king)

\*Shuttle Service not provided for Host Hotels on the Westside.

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 Attendee  Returning Attendee CMC Attendee # \_\_\_\_\_

Name \_\_\_\_\_  New Attendee  Returning Attendee CMC Attendee # \_\_\_\_\_

Name \_\_\_\_\_  New Attendee  Returning Attendee CMC Attendee # \_\_\_\_\_

Name \_\_\_\_\_  New Attendee  Returning Attendee CMC Attendee # \_\_\_\_\_

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

single  double (2 beds)  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 \_\_\_\_\_