LA INT'L TEXTILE SHOW

california | market center

april 14-16, 2008

HOTEL RESERVATION FORM

CMC TRAVEL

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: 03.27.08.v3)

HOST HOTELS	CMC RATES
Sheraton Downtown L.A.	$169 single | $169 double
~~**Omni Los Angeles**~~	~~$169 single | $169 double | $189 triple | $209 quad | $550 suite~~ SOLD OUT
Hilton Checkers	$169 single | $169 double
The Standard	$169 queen | $179 king | $189 two kings
***Avalon Hotel | Beverly Hills**	$265 classic room (double, queen or king) | $295 premium room (double or king)

*Shuttle Service not currently available 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 _____/_____/_____ (mm dd yy) **DEPARTURE DATE** _____/_____/_____ (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**_____