

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

1. la fashion market visitor type

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

New Buyer Returning Buyer New Exhibitor Returning Exhibitor 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

Millenium Biltmore	\$145 single \$145 double \$175 triple \$195 club floor \$225 club floor triple
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
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)

*WESTSIDE | HOST HOTELS

CMC RATES

Sofitel LA West Hollywood	\$279 single \$309 double (rates expire July 11)
Hollywood Roosevelt Hotel	\$289 king/double superior \$309 king/double deluxe \$329 studio king \$379 king suite (rates expire Aug 4)

*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 _____	<input type="radio"/> New Buyer <input type="radio"/> Returning Buyer	CMC Attendee # _____
Name _____	<input type="radio"/> New Buyer <input type="radio"/> Returning Buyer	CMC Attendee # _____
Name _____	<input type="radio"/> New Buyer <input type="radio"/> Returning Buyer	CMC Attendee # _____
Name _____	<input type="radio"/> New Buyer <input type="radio"/> Returning Buyer	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** _____