



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: 07.01.08]

DOWNTOWN 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
The Standard	\$169 queen \$179 king \$189 two kings
Kyoto Hotel	\$179 single \$179 double (Kyoto rates include full American breakfast buffet)
Hilton Checkers	\$179 single \$179 double
Omni-Los Angeles	\$189 single \$189 double SOLD OUT

WESTSIDE HOST HOTELS*	CMC RATES	*NOTE: SHUTTLE SERVICE IS NOT AVAILABLE FOR HOST HOTELS ON THE WESTSIDE.
Avalon Hotel Beverly Hills	\$265 classic room (double, queen or king) \$295 premium room (double or king)	
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)	
The London West Hollywood	\$359 suite (rate includes 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.]

- 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** _____