

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]

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
 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

*WESTSIDE | HOST HOTELS

CMC RATES

Avalon Hotel | Beverly Hills \$265 classic room (double, queen or king) | \$295 premium room (double or king)
 Hollywood Roosevelt Hotel \$279 king/double superior | \$299 king/double deluxe | \$319 studio king | \$369 king suite (rates expire June 3)
 Sofitel LA | West Hollywood \$279 single | \$309 double (rates expire May 9)

*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 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** _____