

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, Gift & Home 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: 05.01.08)

DOWNTOWN HOST HOTELS	CMC RATES
Millenium Biltmore	\$145 single \$145 double
Kyoto Hotel	\$179 single \$179 double
Omni Los Angeles	\$199 single \$199 double
Hilton Checkers	\$269 single \$269 double

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)	
Hollywood Roosevelt Hotel	\$289 king/double superior \$309 king/double deluxe \$329 studio king \$379 king suite (rates expire Oct 14)	
Sofitel LA West Hollywood	\$289 single \$319 double (rates expires Oct 3)	
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** _____