

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: 05.14.08)

DOWNTOWN | HOST HOTELS

CMC RATES

Millenium Biltmore \$145 single | \$145 double
Kyoto Hotel \$179 single | \$179 double | (Kyoto rates include full American breakfast buffet)
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 _____