

LA INT'L TEXTILE SHOW

california | market center

october 27-29, 2008

HOTEL RESERVATION FORM



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

1. la int'l textile show visitor type

[Please select your business category for CMC's LA Int'l Textile Show.]

New Attendee Returning Attendee New Exhibitor Returning Exhibitor CMC 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: 05.1.08]

HOST HOTEL

CMC RATES

The Standard Downtown

\$169 queen | \$179 king

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 Attendee Returning Attendee CMC Attendee # _____

Name _____ New Attendee Returning Attendee CMC Attendee # _____

Name _____ New Attendee Returning Attendee CMC Attendee # _____

Name _____ New Attendee Returning Attendee 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 _____