



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: 07.10.08]

### DOWNTOWN-AREA HOST HOTELS

Hotel  
 The Standard  
 Kyoto Hotel

### CMC RATES

\$159 single  
\$169 queen | \$179 king  
\$179 single

**HOTEL PREFERENCE** | (List by name your 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 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** \_\_\_\_\_