



48th Annual Convention

Harveys Lake Tahoe
18 U.S. 50
Stateline, NV 89449
(800) 455 - 4770

**Attendees must make
their own room reservations**
Group Code# S10IAD6

Reserve early to ensure low rate and availability!

Friday, October 14, 2016

- 10:00 Board of Directors Meeting
- 11:00 Lunch/Expo Open
- 12:00 Exploring Alternative Profit Sources
- 12:45 What is a 20 Group?
- 1:30 Expo Break
- 3:00 Legislation, Safety Recalls, Temp Tags
- 4:00 Law Suit Seminar
- 5:00 Cocktails
- 6:00 Dinner
- 7:00 Scholarship Auction/Prize Drawings

Saturday, October 15, 2016

- 9:00 Breakfast
- 10:00 Contract Revisions
- 11:00 Millennials and Auto Sales
- 12:00 Quality Dealer Luncheon

Exhibitor Information Available at www.iadac.org

**Questions? 916.893.3306
or Larry@iadac.org**

INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION OF CALIFORNIA 48th Annual Convention

Harveys Lake Tahoe Resort - 18 U.S. 50, Stateline, NV, 89449
Hwy 50 at Stateline Ave.

October 14 & 15, 2016

Exhibitor & Sponsor Registration

VENDOR SINGLE ADMITTANCE W/NO DISPLAY OR TABLE TOP (INC. MEALS).... \$99

VENDOR REGISTRATION FOR OCT. 14 & 15 AT HARVEYS LAKE TAHOE ONLY

INCLUDES SHOW DISPLAY, MEALS AND ONE PERSON \$369

EACH ADDITIONAL GUEST..... \$99 x _____

VENDOR REGISTRATION FOR ENTIRE CONVENTION..... \$769

Vendors registered for entire convention will set up at
ADESA Golden Gate (10/11),

Manheim San Francisco Bay (10/12) and ADESA Sacramento (10/13)
Table tops only; no electrical power available inside the auction arenas.

Fri. and Sat. Oct. 14 & 15 at Harveys Lake Tahoe includes all meals for one person.

EACH ADDITIONAL GUEST..... \$99 x _____

Sponsorship Opportunities at Harveys Lake Tahoe

FRIDAY LUNCHEON CO-SPONSOR \$750

FRIDAY DINNER CO-SPONSOR \$1000

SATURDAY CONTINENTAL BREAKFAST..... CO-SPONSOR \$750

SATURDAY QUALITY DEALER LUNCHEON CO-SPONSOR \$1000

TOTAL AMOUNT DUE: \$ _____ (TOTAL OF ABOVE CHECKED CHOICES)

PAYMENT INFORMATION:

CHECK ENCLOSED CHARGE (CIRCLE ONE) VISA MASTERCARD AMEX

CARD # _____

CARDHOLDER NAME _____ EXP. DATE _____

SECURITY CODE _____ SIGNATURE _____

NAME OF EXHIBITOR/SPONSOR: _____

CONTACT PERSON: _____

ATTENDEE NAMES: _____

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE: _____ FAX: _____

EMAIL: _____



PLEASE RETURN THIS FORM TO IADAC
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