



# 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
- 12:00 553 ARB Contract Changes
- 12:45 Understanding & Selling Millennials
- 1:30 Expo Break
- 3:00 DMV Registration Forum
- 4:00 Temp Tag, Recall Legislation
- 5:00 Cocktails
- 6:00 Dinner
- 7:00 Scholarship Auction/Prize Drawings

## Saturday, October 15, 2016

- 9:00 Breakfast
- 10:00 20 Group Overview
- 11:00 Video Marketing to Get on Top
- 12:00 Quality Dealer Luncheon

Exhibitor Information Available at [www.iadac.org](http://www.iadac.org)

**Questions? 916.893.3306  
or [Larry@iadac.org](mailto: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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