



49th Annual Convention

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

**Attendees must make
 their own room reservations**
Group Code# S10IAD7

Reserve early to ensure low rate and availability!

Thursday, October 12, 2017

- 4:00 Registration
- 7:00 Welcome Reception
All Registrants Welcome
- 9:00 Improv

Friday, October 13, 2017

- 8:00 Registration Open
Breakfast, Board Meeting
- 10:00 Changes at DMV Affect You!
- 11:00 Lunch / Vendor Expo
- 2:30 Attention to Details Equals Profit
- 3:30 The Future of the Industry--Prepare Now
- 4:30 Quality Dealer Award Presentation
- 5:00 Cocktails
- 6:00 Dinner followed by Scholarship Auction



Bill Brennan
 Executive Director
 Calif. New Motor Vehicle Board



David Parker
 Partner
 Parker Zubkoff Law Firm

Exhibitor Information Available at www.iadac.org

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

INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION OF CALIFORNIA 49th Annual Convention

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

October 12 & 13, 2017

Exhibitor & Sponsor Registration

VENDOR SINGLE ADMITTANCE W/NO DISPLAY OR TABLE TOP (INC. MEALS).. \$159

VENDOR REGISTRATION FOR OCT. 12 & 13 AT HARVEYS LAKE TAHOE ONLY

INCLUDES SHOW DISPLAY, MEALS AND ONE PERSON \$389

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

VENDOR REGISTRATION FOR ENTIRE CONVENTION..... \$729

Vendors registered for entire convention will set up at
 ADESA Brasher (10/10),
 and Manheim San Francisco Bay (10/11)

Table tops only; no electrical power available inside the auction arenas.
 Thurs. and Fri. Oct. 12 & 13 at Harveys Lake Tahoe includes all meals for one person.

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

Sponsorship Opportunities at Harveys Lake Tahoe

THURSDAY WELCOME RECEPTION.....CO-SPONSOR \$1000

FRIDAY BREAKFAST.....CO-SPONSOR \$750

FRIDAY LUNCH.....CO-SPONSOR \$750

FRIDAY DINNER.....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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