



# 51st Annual Convention

**Courtyard Sacramento Cal Expo**  
**1782 Tribute Rd. Sacramento, CA 95815**  
**ATTENDEES MUST MAKE THEIR OWN ROOM RESERVATIONS**

Phone 800-973-1386, Use Group Code **IADC**  
*Reserve Early to Ensure Low Rate and Availability!*

Online reservations: [www.marriott.com/sacce](http://www.marriott.com/sacce)  
 Input date(s), click DONE. Click *Special Rates*, scroll to and click *Group Code*. Enter IADIADA for King bed or enter IADIADB for 2 Queen beds.

## Monday October 7, 2019

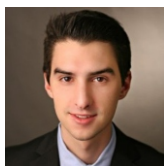
- 8:00 Vendor Set Up
- 10:00 Board of Directors Meeting
- 11:00 Kathleen Webb, DMV Director, Tom Wilson, Chief of Investigations
- 12:00 Lunch, Vendor Expo
- 2:00 BHPH/Subprime
- 2:00 Law Suit Seminar
- 2:45 Break-Scholarship Auction
- 3:15 The Lean Dealership
- 3:15 CA Labor Law Update



Kathleen Webb,  
DMV Director



Tom Wilson  
DMV Chief of Investigations



Zach Klempf  
CEO and Founder  
Selly Automotive



Gus Camacho  
BHPH Expert  
IADAC Past President

**Questions? 916-893-3306**

# Independent Automobile Dealers Association of California

## 51st Annual Convention

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### October 7, 8, 9, 2019

#### Exhibitor & Sponsor Registration

- Vendor Registration for Mon Oct 7 Courtyard Hotel ONLY.....\$319
  - Vendor Registration for ENTIRE\* event, Oct 7, 8, 9.....\$639
  - Vendor Single Admittance-No Display-Oct 7 only.....\$99
  - Additional guest on October 7.....\$59
- \*Vendors registered for entire convention set up at Courtyard Oct 7, and set up at Adesa Golden Gate (Tracy) Oct 8, and set up at Manheim San Francisco Bay (Hayward) Oct 9*

#### Sponsor Opportunities at Courtyard

- Monday Lunch-co-sponsor.....\$1000
- Board of Directors Meeting-co-sponsor.....\$750
- Scholarship Auction-co-sponsor.....\$750

TOTAL AMOUNT DUE.....\$\_\_\_\_\_

#### Payment Information

Check      Visa      Master Card      Discover      Am Ex  
 Card # \_\_\_\_\_  
 Security Code \_\_\_\_\_ Signature \_\_\_\_\_  
 Cardholder Name \_\_\_\_\_

Name of Exhibitor/Sponsor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Attendee Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



PLEASE SUBMIT THIS FORM TO IADAC  
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