



SDADA's 99th Annual Convention June 7, 8 and 9, 2017

HOTEL HEADQUARTERS:
RUSHMORE PLAZA HOLIDAY INN
505 N FIFTH, RAPID CITY, SD 57701 • PHONE: 605-348-4000
~ ROOM BLOCK RELEASED MAY 6TH ~

Dealership/Company _____ E-mail: _____

Address: _____ Phone: _____

City/State/Zip: _____

IMPORTANT: Indicate activities each individual will participate in with an "x" in appropriate box(es).

| Please print name(s) as it (they) will appear on your badge -- List each individual separately | 6/7 | 6/8 | 6/8 | 6/8 | 6/9 | 6/9 |
|---|--------|-----------|-----------------|------------------------|-----------|-------|
| | DINNER | ATV RIDES | INDIVIDUAL GOLF | DINNER & ENTERTAINMENT | BREAKFAST | LUNCH |
| Name | | | | | | |
| Spouse/Guest | | | | | | |
| Name | | | | | | |
| Spouse/Guest | | | | | | |
| Name | | | | | | |
| Spouse/Guest | | | | | | |

Please mark the appropriate box below for your registration fees:

- Dealer Principle \$130
- Additional Dealership Representatives \$110
- Exhibitor (first representative covered with booth; each additional representative \$130)
- Non-Member \$150
- Spouse/Guest \$100

STEP 1 TOTAL REGISTRATION FEES: \$ _____

We would like to sponsor at the following level*:

| | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> DIAMOND \$5000 and up \$ _____ | <input type="checkbox"/> GOLD \$2500-\$4999 \$ _____ | <input type="checkbox"/> SILVER \$1000-\$2499 \$ _____ | <input type="checkbox"/> BRONZE \$500-\$999 \$ _____ | <input type="checkbox"/> OTHER \$499 & under \$ _____ |
|--|---|---|---|--|

STEP 2 TOTAL SPONSOR FEES: \$ _____

We would like to be an exhibitor*: (includes one free registration)

| | | | |
|--|---|---|---|
| <input type="checkbox"/> DISPLAY SPACE (\$550) 10' booth | <input type="checkbox"/> ADDITIONAL SPACE (\$350) | <input type="checkbox"/> CONVERSION SPACE (\$325) | <input type="checkbox"/> ADDITIONAL VEHICLE (\$150) |
| DISPLAY TIMES: WEDNESDAY FROM 5-7 P.M. AND THURSDAY FROM 4-7 PM | | | |

STEP 3 TOTAL EXHIBITOR FEES: \$ _____

* INFORMATION MUST BE RECEIVED BY MAY 31ST TO BE INCLUDED IN THE CONVENTION PROGRAM

COMPANY NAME: _____

GOLF EVENT: SDADA has scheduled a golf outing at the Arrowhead Golf Course on Thursday, June 8, 2017. Registration opens at 9:00 a.m. at the course. Lunch provided. Shotgun start at 10:00 a.m.

Transportation Needed - # needing ride: _____ \$100 PER PERSON / \$150 if not registered for convention

Participants Name _____ Participants Name _____

Participants Name _____ Participants Name _____

STEP 4 TOTAL GOLF FEES: \$ _____

I'd like to sponsor _____ golf hole(s) at \$100 per hole **STEP 5** TOTAL GOLF SPONSOR FEES: \$ _____

ATV RIDES: SDADA has scheduled a guided ATV ride through the Hills on Thursday, June 8, 2017.

There will be a limited number of rental units available. Lunch provided.

Transportation Needed # needing ride: _____ **Need Rental \$100 PER PERSON** **Bringing Own ATV (No charge)**

Participants Name _____ Participants Name _____

Participants Name _____ Participants Name _____

STEP 6 TOTAL ATV FEES: \$ _____

STEP 1 Total Registration Fees \$ _____ **STEP 4** Total Golf Event Fees \$ _____

STEP 2 Total Sponsorship Fees \$ _____ **STEP 5** Total Golf Hole Sponsorship Fees \$ _____

STEP 3 Total Exhibitor Fees \$ _____ **STEP 6** Total ATV Ride Fees \$ _____

TOTAL FEES: \$ _____

Payment Options:

- Check Enclosed
- Credit Card: Visa MasterCard American Express Discover

Credit Card No: _____ Expiration Date: ____ / ____ CVV#: _____

Billing Address (if different than above): _____

City/State/Zip: _____

Authorized Signature: _____

Please Fax, Mail or Scan and E-mail to:

SDADA, PO BOX 89008, SIOUX FALLS, SD 57109-9008 / PHONE: 605-336-2616 / FAX: 605-334-1938/ michelle@sautodealer.com