



ANNUAL SDIADA CONVENTION • SEPTEMBER, 16 AND 17, 2019
ICON LOUNGE • 402 N Main Ave, Sioux Falls, SD 57732 • (605) 444-4266

Dealership/Company _____

Mailing Address _____

City/State/Zip _____

Phone # _____ **Email** _____

Indicate activities each individual will be participating in with an "x" in appropriate box(es)				
Please print name as you would like it on your badge. List each person separately	9/16	9/16	9/17	9/17
	Golf	Reception	Lunch	Dinner & Entertainment
Name				
Spouse/Guest				
Name				
Spouse/Guest				
Name				
Spouse/Guest				

Please mark the appropriate line below for registration fees

____ Dealer \$140 each
 # ____ Guest(s) \$110 each
 # ____ Golf Event \$100 each
 # ____ Non-Member \$150 each

Please make checks payable to SDIADA
PO Box 1151 Sioux Falls SD 57101

Total Registration Fees \$ _____