



# CALIFORNIA WELFARE FRAUD INVESTIGATORS ASSOCIATION

P. O. BOX 272, Mentone, CA 92359  
(530) 957-4153  
[www.cwfia.org](http://www.cwfia.org)

## EXHIBITOR AGREEMENT OF CONDITIONS

**LOCATION OF EXHIBIT:** Margaritaville Lake Tahoe  
4130 Lake Tahoe Blvd.  
South Lake Tahoe, CA 96150  
(760) 327-8311

**EXHIBIT DATES AND HOURS:** Tuesday, October 22<sup>nd</sup>, 2024, 7am – 5pm  
Wednesday, October 23<sup>rd</sup>, 2024, 7am – 5pm  
Thursday, October 24<sup>th</sup>, 2024, 7am – 3pm

**EXHIBIT DISMANTLING:** No later than 4pm on October 24<sup>th</sup>, 2024.

**EXHIBIT TABLETOPS:** Rental space of 8' x 5' will consist of one 6' x 30" table, two chairs, and standard 120v power hookup. No attachments shall be made to any part of the exhibit area without express permission of CWFIA and the Margaritaville Resort. No banners, posters or signs may be erected which in any way interfere with or distract the view, light, or space of any other exhibitor. Advertising material or signs of firm's other than those who have engaged the space is prohibited.

**EXHIBITOR SPACE COST:** \$500.00 for one 6' table

**EXHIBIT SPACE LOCATION:** Hallway area outside of classrooms or outside greeting/garden area. All exhibits will be in the designated exhibit area. There will be no displays permitted outside the official exhibit area unless authorized by CWFIA and the Margaritaville Resort.

**DELIVERY OF SHIPMENTS:** Contact the Margaritaville Lake Tahoe Event planning manager Sara McDonald at Office: (530) 543-2129 or [SMcDonnell@MargaritavilleResortLakeTahoe.com](mailto:SMcDonnell@MargaritavilleResortLakeTahoe.com).

**SUBLEASING:** Exhibitors may not sublet their space or any part thereof.

**PAYMENT OF EXHIBITOR SPACE COST FEES:** Full payment of \$500.00 per space is required with application to exhibit. Signed application & payment is due no later than September 30, 2024.

**CANCELANATION OF EXHIBIT SPACE:** A non-refundable fee of \$100.00 will apply to any reservation of space canceled less than 30 days before the start of the exhibit time.

**DISPLAY SPACE NOT CLAIMED:** Space not occupied or claimed by 12 noon on October 22<sup>nd</sup>, 2024, may not be canceled or reassigned without approval of CWFIA.

**ROOM RATES:** Exhibitors may receive the CWFIA hotel room rate, as availability permits, by contacting the hotel directly and asking for the CWFIA rate.

**GUARD PROTECTION:** Security is not provided. CWFIA is not responsible for any losses.

**LIABILITY:** The Exhibitor agrees that if an exhibitor space is rented, the exhibitor accepts all terms listed in this agreement. The Exhibitor agrees to provide proof of insurance to CWFIA during the dates of the event and during any other times in which any of the exhibitors are on the property of the Margaritaville Lake Tahoe, also: “The Exhibitor assumes all responsibility for any and all loss, theft and/or damage to exhibitor’s displays, equipment and other property while on the Margaritaville Lake Tahoe premises and hereby waives any and all claims and/or demands it may have against the California Welfare Fraud Investigator’s Association and/or the Margaritaville Lake Tahoe, its parent and/or any of its affiliate companies arising from such loss, theft and/or damage. In addition, the Exhibitor agrees to defend, indemnify and hold harmless the Margaritaville Lake Tahoe and their respective parent, subsidiary and other related and affiliated companies and the California Welfare Fraud Investigator’s Association from and against any and all liabilities, obligations, claims, damages, suits, costs and expenses, including, without limitation, attorneys’ fees, costs of court and costs of other professionals, arising from directly and/or any part thereof and/or any act, error and/or omission of the exhibitor and/or its employees, subcontractors and/or agents.”

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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*OFFICE DATA*

Form receipt date: \_\_\_\_\_

Confirmation email date: \_\_\_\_\_ Confirmed by: \_\_\_\_\_

Payment received date: \_\_\_\_\_ Amount: \_\_\_\_\_

Vendor site location assigned? Y N

Vendor # \_\_\_\_\_ of 6