



**CALIFORNIA
WELFARE FRAUD INVESTIGATORS
ASSOCIATION
P. O. BOX 272, Mentone, CA 92359
(530) 957-4153
www.cwfia.org**

APPLICATION AND CONTRACT TO EXHIBIT

In accordance with the Agreement of Conditions governing the rental of exhibit space, as set forth on the attached page, the undersigned hereby makes application for exhibit space at the 2024 California Welfare Fraud Investigators Association (CWFIA) Conference. We have read these conditions and agree to conform to same.

We understand that these conditions are incorporated into this contract by reference and that this application becomes a contract when signed and accepted by CWFIA.

Submission options:

Electronic Submission:

Please complete, sign and return this contract with the \$500 Exhibitor Fee

By Email:

You may also printout and submit the forms by email to the CWFIA Business Manager at businessmanager@cwfia.org

By USPS mail

If submission is by USPS mail, make the check payable to CWFIA and mail it to PO Box 272, Mentone, CA 92359. Please mark envelope to the attention of Business Manager.

DATE:

COMPANY NAME:

WEBSITE ADDRESS:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

CONTACT PERSON:

TITLE:

EMAIL:

PHONE:

NAMES OF PERSON(S) ATTENDING (Please Print)

1.

2.

3.

4.

PRODUCTS YOU WILL EXHIBIT:

WOULD YOU LIKE TO CONTRIBUTE TO THE CONFERENCE RAFFLE PRIZES WE EXTEND TO OUR ATTENDEES? YES NO

• IF YES, WHAT WOULD YOU FURNISH AS PRIZES?

• OR YOU CAN MAKE A MONETARY DONATION TOWARDS OUR HOSPITALITY SUITE HELD ON MONDAY 10/21/2024 & TUESDAY 10/22/2024 EVENINGS. (\$\$ AMT)

(Signature of Exhibitor)

(Date)

(For CWFIA use only)

Received Date: _____

Acceptance Date: _____

Paid by: ☐ Online Credit Card ☐ Telephonic call in Credit Card ☐ Check Table #: _____