



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 2025 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.

Please complete, sign and return this contract with the \$500 Exhibitor Fee. You can pay online at or by check. If sending a check, make it payable to CWFIA, PO Box 272, Mentone, CA 92359. If you have any questions, please email gregorymahony@cwfia.org.

COMPANY NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
WEBSITE ADDRESS: _____
CONTACT PERSON: _____ TITLE: _____
EMAIL: _____ PHONE/FAX: _____

NAMES OF PERSON(S) ATTENDING (Please Print)

1. _____	3. _____
2. _____	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. _____

- ❖ Does your company wish to make a monetary donation towards our hospitality suite held on the evenings of Monday 10/20/2025, Tuesday 10/21/2025 & Wednesday 10/22/2025 ?

YES NO

If so, please state the amount we can anticipate. \$ _____

(Signature of Exhibitor)

(Date)

(For CWFIA use only)		
Received Date: _____	Acceptance Date: _____	
Paid by Check #: _____	Paid by Credit Card _____	Table #: _____