



National Indian
Council on
Aging

2016 NICOA Conference on Aging “Aging Healthy Through Song & Dance”

September 13 - 15, 2016

The Conference Center at Niagara Falls
101 Old Falls Street
Niagara Falls, NY

Come Celebrate NICOA'S 40th Anniversary! in beautiful Niagara Falls, NY

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**BECOME A NICOA MEMBER TODAY and
receive reduced registration fees plus our
quarterly newsletter.**

*more information and Forms can be obtained
from the NICOA website at www.nicoa.org

Registrants of the NICOA Biennial Conference agree to allow NICOA and its official photographer and/or videographer to photograph or videotape them in the context of the Biennial Conference setting. Footage captured by the official NICOA photographer/videographer may be used in future print and electronic promotional and archival materials.

Registration Process

Registration Fee is for one person only,

Complete the enclosed registration form. Eligible NICOA members must also pay new or renewal membership dues when registering for the 2016 NICOA Conference. New or renewal dues are for January 1, 2016 to December 31, 2017.

There are three (3) types of memberships:

- ◆ **Voting Members**—Elders 55 years of age or older with documentation verifying membership in a federally recognized tribe. **\$50**
- ◆ **Associate Non-Voting Member**—Any individual that is not eligible to be a voting member. **\$100**
- ◆ **Organization Associate Member**—2 people from any Organization or Tribal Enterprise/ Organization can be either a Voting (with verifying documentation), or Associate Non-voting Member. **\$300**

Refund policy:

No refunds or transfers of membership dues. No refunds for registrations.

You may substitute someone in your place without additional fees until July 31, 2016. The substitute **MUST** pay membership dues. Membership dues are not transferrable. Substitutions must be requested in writing via email prior to July 31, 2016 for consideration to carchibald@nicoa.org. Organizations and individuals submitting payment for registrations will be expected to pay even if the individual does not attend. All funds from the conference will be applied to conference expenses and to advance the mission of NICOA.

Payment must accompany Registration Forms CHECK AND CREDIT CARD PAYMENTS ONLY. All major credit cards accepted. (Sorry—no cash or purchase orders).

Late registration will begin Sept 3, 2016. LATE REGISTRATION FEES MUST BE PAID ON-SITE AT THE CONFERENCE on September 12 or 13, 2016. **An extra fee of \$25 will apply.**
Late registrations are not guaranteed a program, conference bag, or meals.

Fax Credit Card Form and Membership/Registration Form to:

Attention: 2016 NICOA Conference at 505-292-1922, be sure to include an email address to receive a receipt.

OR

by Mail to:

National Indian Council on Aging, Inc.
Attention: 2016 NICOA Conference,
10501 Montgomery Blvd, NE, Ste. 210,
Albuquerque, NM 87111.

NICOA's Tax ID Number: 86-0321646
Make check payable to NICOA.

Early Bird Registration Bonuses!

Register by July 31, 2016 and be entered in a drawing for A FREE Hotel Stay during the conference. (Sept 13-15 only) plus \$25 off registration fees!

You will be emailed a confirmation letter upon receipt of your registration. If you do not receive a confirmation of registration and or membership, please call (505) 292- 2001 or email carchibald@nicoa.org to determine your registration status.

Lodging and Sleeping Accommodations

Attendees must arrange their own lodging. NICOA encourages you to use one of the designated hotels for your stay. A block of rooms has been reserved at the following two hotels. To reserve a room at the special block rate, inform the hotel staff that you are with the **National Indian Council on Aging or NICOA Conference.**

Please make arrangements with the hotel directly for Special Accommodations for ADA accessible rooms.

Please note: ONLY REGISTERED ATTENDEES for the NICOA Conference CAN ATTEND the Cultural Celebration Dinner (Tuesday), the Spiritual Breakfast Event (Wednesday), and the Honoring Elders Luncheon (Thursday). We have limited seating and meals are restricted to registered conference attendees only.

Sheraton at the Falls. 300 3rd Street, Niagara Falls, NY 14303. 1-866-961-3780.

Special group rate is \$125 + \$7.95 daily resort fee and 16.5% taxes and fees. We have established a personalized Website for Guests to learn more about the event and to book, modify, or cancel a reservation from January 9 to August 12, 2016. Type this link or, copy and paste the link into any web browser,

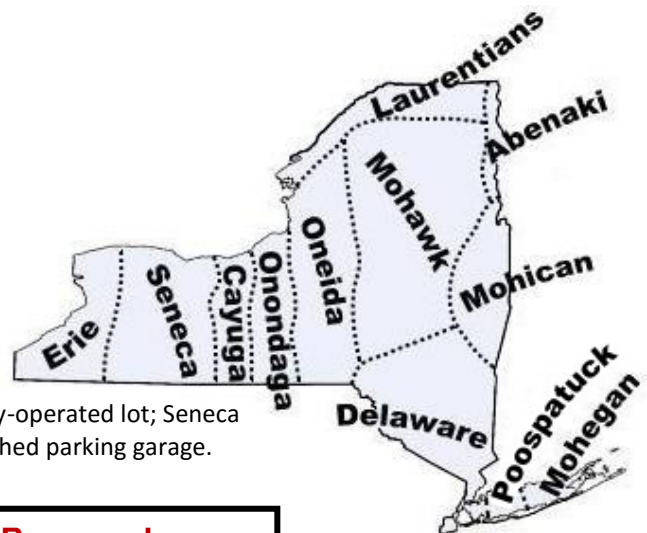
<https://www.starwoodmeeting.com/Book/nicoabiennial>

Attendees can also call one of our reservation desk to set up a reservation at 1-866-961-3780 and refer to the National Indian Council on Aging (NICOA) discounted room rate of \$125.00 + \$7.95 resort fee and additional taxes/fees (currently 16.5%) per night. This rate is available to you (2) two days prior to the conference and (2) two days after the conference for your convenience. **RESERVATIONS MUST BE MADE NO LATER THAN AUGUST 12, 2016 TO RECEIVE**

Seneca Niagara Resort & Casino. 310 4th St, Niagara Falls, NY 14303. (716) 299-1100.

Attendees will want to call on or before August 13 at 877-873-6322 and reference National Indian Council on Aging. The rates range from \$145-\$215 plus the \$15 per night resort fee for a room or \$25 per night for a suite. **RESERVATIONS MUST BE MADE NO LATER THAN AUGUST 13, 2016 TO RECEIVE THE DISCOUNTED RATE**

Parking: Sheraton at the Falls has ample parking at the adjacent, city-operated lot; Seneca Resort has complementary parking in self-parking areas and the attached parking garage.



Early Bird Registration Bonuses!

Register by July 31, 2016 and be entered in a drawing for A FREE Hotel Stay during the conference. (Sept 13-15 only) plus \$25 off registration fees!

Transportation



Air Transportation

Buffalo Niagara International Airport (BUF), 4200 Genesee St. Buffalo, NY 14225. (716) 630-6000. Only 26 miles or 40 minutes from the Sheraton at the Falls hotel and The Seneca Resort & Casino. Service is offered by American Airlines, Delta, Jet Blue Airways, Southwest Airlines, Sun Airlines and United Airlines.

Buffalo Airport Shuttle

(716) 685-2550 | (877) 750-2550 www.buffaloairportshuttle.com

Airport Taxi

(716) 633-8294 or 1-800-551-9369.
www.buffaloairporttaxi.com.

**Do you know someone who does
outstanding work with our Elders?**

Nominate an Elder NOW!



- ◆ **Elder Advocate Award**
- ◆ **Caregiver Award**
- ◆ **Title VI Director of the Year**

On Demand Shuttle Service

ITA shuttle—Daily. No reservation required.
\$50/person two way (gratuity not included).
\$24/person one way (gratuity not included).
Location is at Arrivals level, Crosswalk 3.

Scheduled Shuttle Service

ITA airport shuttle. Location: Arrivals level, Crosswalk 3. Times: 8:15 a.m., 9:15 a.m., 10:15 a.m., 11:15 a.m., 12:15 p.m., 1:15 p.m., 2:15 p.m., 3:15 p.m., 4:15 p.m., and 5:15 p.m. Drop off at any hotel within 2 miles of Niagara Falls, or drop off at Falls. Return arrangements made with driver.

On Site Taxi (ITA)

\$70 for up to 5 passengers per vehicle. (gratuity not included). US/Canadian currency or credit cards accepted. No reservations required. Location: Arrivals level, Crosswalk 3.

Rental Cars available on site from:

Alamo (716) 631-2044 | (800) 327-9633
www.alamo.com
Avis (716) 632-1809 | (800) 831-2847
www.avis.com
Budget (716) 632-4662 | (800) 283-4387
www.budgetbuffalo.com
Enterprise (716) 565-0002 | (800) 736-8222
www.enterprise.com
Hertz (716) 632-4783 | (800) 654-3131
www.hertz.com
National (716) 634-9220 | (800) 227-7368
www.nationalcar.com

ON-LINE Registration Available SOON!
www.nicoa.org/registration

Registrants of the NICOA Biennial Conference agree to allow NICOA and its official photographer and/or videographer to photograph or videotape them in the context of the Biennial Conference setting. Footage captured by the official NICOA photographer/videographer may be used in future print and electronic promotional and archival materials.

Preliminary Agenda (Some Details May change)

Daily Activities



Tuesday thru Thursday 6:00 AM - 7:00 AM Morning Prayer / Walk / Fitness Activity
 8:00 AM - 8:00 PM Exhibitors / Vendors
 8:00 AM - 5:00 PM Daily Give-A-ways / Drawings
 8:00 AM - 4:00 PM Silent Auction Open / Close Thurs 12 PM
 8:00 AM - 5:00 PM Health Fair
 8:00 AM - 5:00 PM Elder Computer Lab

Monday, September 12, 2016

10:00 AM- 5:00 PM Early Registration / Vendor Set-up
 4:00 PM- 5:00 PM Welcome Reception (tentative)
 5:30 PM Dinner (on your own)

Tuesday, September 13, 2016

8:00 AM-12:00 PM Opening General Assembly
 12:00 PM-1:00 PM Lunch (on your own)
 1:00 PM- 3:30 PM Regional Caucus Session VOTING MEMBERS ONLINE
 1:00 PM- 2:15 PM Workshop Session A - Open to all attendees
 2:30 PM- 3:30 PM Workshop Session B - Open to all attendees
 3:45 PM- 4: 45PM Workshop Session C - Open to all attendees
 6:00 PM- 9:00 PM Cultural Dinner / Fashion Show—Seneca Casino

Wednesday, September 14, 2016

8:00 AM- 10:00 AM General Session
 10:00 AM - 1:00 PM General Voting Session & Workshops (NICOA Voting Members only)
 10:00 AM - 10:45 AM Workshop Session D - Open to all attendees
 11:00 AM - 11:45 AM Workshop Session E - Open to all attendees
 12:00 PM - 12:45 PM Workshop Session F - Open to all attendees
 1:00 PM- 2:00 PM Lunch on your own
 2:00 PM- 5:00 PM Tentative Town Hall (this has not been confirmed)
 6:00 PM Dinner (On Your Own)

Thursday, September 15, 2016

8:00 AM- 12:00 PM General Session
 12:00 PM - 2:00 PM Honoring Luncheon
 2:15 PM - 5:00 PM Closing General Session
 Premier Storytelling Event
 Closing Remarks by NICOA & Board of Directors

September 13-15

Silent Auction Fundraiser

NICOA's largest fundraising event this year!

Help us with a donation—Visit NICOA website for more information. Help support our mission to serve Older Indians.

Board Nominations

Voting Members of NICOA

Eligible voting members paying renewal or new membership dues are (1) entitled to receive reduced registration fees; (2) participate in their regional caucus sessions; and (3) vote to fill NICOA board position that may be terming out in your region. (4) run for a NICOA board position; (5) vote on changes to the organization by-laws; (6) propose resolutions from your area that NICOA will advocate for in the coming year; and 7) receive quarterly NICOA Newsletters on issues relevant to aging in Indian Country. In addition, please complete the needs assessment that will be provided. It allows us to determine the program needs of our Elders.

Board Positions Terming Out and Up for Vote (position term (2016—2020):

Eastern Region
Rocky Mountain Region
Northwest Region
Eastern Oklahoma Region.
Navajo Region

Western Region

Vacant Board Positions:

Rocky Mountain Region (MT & WY) (term 2016-2020)
Pacific Region (CA). (term 2014-2018)
National Association Title VI Grantees,
(This representative to the Board shall be seated as a Board member upon his/her ascendancy to the Chairmanship of the National Association of Title VI Grantees)

PLEASE SUBMIT A BOARD NOMINATION PACKET FOR THE ABOVE POSITIONS

Board Nomination Packet available at: <http://nicoa.org/biennial-conference>

Resolution Submission and Bylaws.

August 31 DEADLINE.

Resolutions Submission Guideline is available on NICOA website at www.nicoa.org. Bylaws are available on the NICOA website at www.nicoa.org.

Non-Voting Associate Members and Organization Associate Members:

Non-voting members paying minimum dues shall be entitled to receive reduced registration fees. Receive reports and materials from the conference along with quarterly NICOA Newsletters on issues relevant to aging in Indian Country. (Organization Associate Members limited to 2 representatives only).

BECOME A NICOA MEMBER TODAY

Registering for the conference as an Associate Member Instead of a Non-Member saves you \$100)

Seeking Workshop Presenters & Speakers on the Following topics:

Affordable Care Act/Indian Healthcare Improvement Act
Caregiver/Grandparent Raising Grandchildren Support Programs
Older Americans Act—Title VI and Title V Services.
Senior Economic Security & Employment Training (SCSEP)
Chronic Disease Prevention and Health Promotion
Technology and Seniors-Computer Learning Lab
Medicare/Medicaid
Senior Housing and Senior Living Programs
Traditional Methods to Health and Wellness
Social Security
Long Term Care Planning
Community Based Services
Health Care Screening and Medications Management
Elder Abuse Prevention
Nutrition and Fitness/ Falls Prevention

OPEN TO OTHER PRESENTATIONS NOT LISTED.

Outside surveys and focus groups are not permitted

Registrants of the NICOA Biennial Conference agree to allow NICOA and its official photographer and/or videographer to photograph or videotape them in the context of the Biennial Conference setting. Footage captured by the official NICOA photographer/videographer may be used in future print and electronic promotional and archival materials.

Honoring Our Elders Award

Do you know someone who exemplifies the highest level of commitment and support to American Indian and Alaska Native (AI/AN) Elders?

NICOA is accepting nominations for three categories of awards:

Advocate for Elders Award – A person that gallantly advocates for the wellbeing of AI/AN Elders.

Title VI Director of the Year Award – A Title VI Director that demonstrates superior leadership and innovation in service delivery to AI/AN Elders.

Caregiver Award – An outstanding caregiver that provides care to an AI/AN Elder(s) or is an Elder Caregiver providing care to AI/ANs.

What are the guidelines to be nominated for the Honoring Our Elders Award?

We classify our Honoring Our Elders Award winners as those candidates who are nominated by a NICOA dues paying member.

How do I nominate someone for an Honoring Our Elders Award?

Simply complete the form on the front of this sheet and submit it, along with a written (500 word) summary explaining why you think your nominee should be recognized, and the names and phone numbers of people to contact regarding your nominee's activities.

How are Honoring Our Elders Award recipients honored?

Recipients are invited to a special ceremony held on September 15, 2016 where they are honored for their acts of caring. We present to each winner a beautiful award to display and a framed certificate. Recipients are also profiled in the NICOA Quarterly Newsletter and NICOA website.

For a nomination packet and additional information go to www.nicoa.org/conference DEADLINE for nominations is AUGUST 31, 2016.

Special Events—Volunteers

Visit the Exhibit Hall

Enjoy vendors, fitness & exercise classes, health fair, sessions, computer learning lab, rest areas Tuesday through Thursday 8:00 a.m. to 8:00 p.m..

Silent Auction Fundraiser

This will be NICOA's largest fundraising event this year! Help us with a donation for daily giveaways and silent auction. Visit <http://nicoa.org/biennial-conference>.

Awards

Nominate those who do outstanding work with our Elders! Awards will be given for Elder Advocate, Caregiver, and Title VI Director of the Year. Refer to 'Honoring Our Elders' Awards below.

Volunteers Needed! Enjoy working with Elders? Are you organized or like to write?

We Need YOU!

Stuffing conference bags, assisting with registration, assist taking notes, monitoring the silent auction, and exhibit hall, and more!

Contact Cheryl Archibald at (505) 292-2001 or email: carchibald@nicoa.org



**2016 Biennial Conference – Niagara Falls, NY
September 13-15, 2016
Conference & Convention Center Niagara Falls
REGISTRATION/MEMBERSHIP FORM**

Early Bird Registration
Deadline JULY 31, 2016
Register NOW and you will be entered
in a drawing for a **FREE HOTEL
STAY** during the conference.

Prior Attendee: Veteran check here: Tribal Leader check here: **Paid Membership Dues:** _____
 ((On membership dues confirmation letter) NICOA ID Number

Name: _____ Phone: _____ - _____ - _____

Home Address: _____ City: _____ State: _____

Zip: _____ Fax: _____ - _____ - _____ Email: _____

Group Payment: Organization /Tribe _____ Phone: _____ - _____ - _____

A. MEMBERSHIP DUES/RENEWAL– Three Types of Membership dues for September 1, 2016-August 30, 2018

If you already paid your membership dues for 2016-2018 please provide your NICOA ID # or CIB # found on your membership letter:

Please select one amount to be included in registration below	Membership Dues	CHECK ONE
Voting Member – Must be 55 and older; Enrolled member of a federally recognized tribe.	\$50	<input type="checkbox"/>
Associate Member – any person not eligible to be a voting member.	\$100	<input type="checkbox"/>
Organization Associate Member – Limited to 2 representatives from any organization or Tribal Enterprise/Organization–attach additional form for each person.	\$300	<input type="checkbox"/>

B. VOTING MEMBERS ONLY – Complete this section or send copy of CIB/proof of enrollment:
 A qualified voting member is “any American Indian / Alaska Native Elder 55 years of age or older who is an enrolled member of an Indian Tribe, Band, or Combination of Bands and Tribes, recognized by the United States Department of the Interior”. **PLEASE ATTACH A COPY OF PROOF OF TRIBAL ENROLLMENT OR CIB CARD. IF YOUR CIB CARD IS NOT AVAILABLE-YOU MUST HAVE YOUR TRIBE’S AUTHORIZED ENROLLMENT OFFICIAL ATTEST TO THE FOLLOWING.**

I hereby attest that (print name) _____ is a member of the (Tribe) _____
 _____ of (State) _____ CIB/Enrollment No _____

Date of Birth ____/____/____ Certified By _____ Title: _____

Tribe: _____ Phone number: _____ Email: _____

C. REGISTRATION FEES—All Members must pay membership dues before or when registering

Conference Attendee	Early Bird Registration (Postmarked or received by 7/31/2016)	Regular Registration (Post marked or received by 8/1/2016 and 9/2/2016)	Late Registration fees (MUST pay on-site after 9/3/2016)	DUES & FEES
MEMBERSHIP TYPE	SELECT MEMBERSHIP TYPE FROM SECTION (A) AND ENTER AMOUNT HERE →			
Voting Member	\$100.00	\$125.00	\$150.00	
Associate Member	\$200.00	\$225.00	\$250.00	
Organization Associate Member. One form per person.	\$200 per person LIMITED TO 2 INDIVIDUALS	\$225 per person LIMITED TO 2 INDIVIDUALS	\$250 per person LIMITED TO 2 INDIVIDUALS	
Non-Member	\$400.00	\$425.00	\$450.00	
ALL MEMBERS MUST PAY MEMBERSHIP DUES BEFORE REGISTERING. PAYMENT MUST ACCOMPANY THIS FORM - COMPLETE ONE FORM PER PERSON			TOTAL	\$

Check/Money Order
Make check or money order payable to: NICOA
 ð Credit Card (We do accept all major credit cards)
You may email or fax credit card form & registration to:
FAX (505) 292-1922 Email: carchibald@nicoa.org

Please mail this form along with payment to:
 National Indian Council on Aging
 Attn: 2016 Conference (Cheryl J Archibald)
 10501 Montgomery Blvd. NE, Ste. 210
 Albuquerque, NM 87111



Workshop Registration Form

2016 BIENNIAL CONFERENCE, SEPTEMBER 13–15, 2016
Conference & Event Center – Niagara Falls

(Check all boxes that apply) Presenter Sponsor *NICOA member: _____
 *All Presenters MUST be Registered to Attend the Conference (NICOA Membership ID)

1) Name/Title of Presenter (Primary Contact): _____
 2) Name/Title of Presenter: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____ - _____ - _____ Fax: _____ - _____ - _____
 Organization/Tribal Organization: _____ Email _____

Please choose a first and second choice of session times by writing first or second in the box below your						
Tue, 9/13 1:00 – 2:15 pm	Tue, 9/13 2:30 – 3:30 pm	Tue, 9/13 3:45 – 4:45 pm	Wed, 9/14 1:00 – 1:45 pm	Wed, 9/14 2:00 – 2:45 pm	Wed, 9/14 3:00 – 3:45 pm	Wed, 9/14 4:00 – 4:45 pm

Because NICOA conferences are produced at cost, **presenters are responsible for their own travel, accommodations, applicable membership dues, and registration fees**, which provides entrance at no cost to all of the events and meals offered at the conference.

TITLE OF PRESENTATION: _____

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:

- Complete Registration Form(s), Credit Card form (if using a Credit Card), and Pay applicable Fee.
- A brief description of your proposed presentation (no more than 150 words each);
- A brief biography (no more than 150 words) before the **deadline of August 1, 2016**.
- Please indicate if you will provide handouts [] YES [] NO

Each presenter will be responsible for individual materials. For planning purposes, each presenter should be prepared to bring a minimum of 250 copies of handout materials per session. **EQUIPMENT PROVIDED: LCD Projector, screen, laptop, and microphone.** Each presenter will be responsible for providing any additional equipment you require. If you are selected as a presenter, and need additional equipment, NICOA will provide you with contact information for the audio visual contractor; you will be responsible for any additional cost. We will also provide detailed information on the workshop sessions and numbers.

Workshop Tracks (Please select track(s))

Health / Wellness: Access to Health Care, Caregiver Support, Diabetes, Exercise & Fitness, Health Insurance, Hearing / Vision Care, Heart Disease / Hypertension, Falls Prevention, Long Term Services and Supports, Medicare/Medicaid, Medications Management, Other _____

Community Services: Nutrition, Transportation, Elder Abuse Program, Legal Support, Title VI Grantee Services, Title III State Services, Other _____

Economic Wellbeing: Social Security, Employment & Training (SCSEP), Retirement Planning, Financial Management, Housing, Other _____

Policy / Advocacy: Older Americans Act, Administration on Aging & Community Living, Affordable Care Act, Indian Health Services, Veterans Administration, Medicare/Medicaid Policy, How to Advocate, Other _____

MAIL / FAX / EMAIL ALL FORMS AND PAYMENT TO:

National Indian Council on Aging, Inc.
 Attn: 2016 NICOA Conference
 10501 Montgomery Blvd. NE, Suite 210
 Albuquerque, NM 87111

FOR INFORMATION CONTACT:

Cheryl Archibald, Executive Assistant
 Phone: (505) 292-2001
 Fax: (505) 292-1922
 Email: carchibald@nicoa.org
 NICOA's Federal ID Number: 86-0321646



Exhibitor Contract/Registration Form

2016 CONFERENCE ON AGING SEPTEMBER 13 – 15, 2016

Conference & Event Center Niagara Falls

EXHIBITOR INFORMATION

PLEASE TYPE OR PRINT CLEARLY

Contact Person: _____ Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Badge Name 1: _____ Badge Name 2: _____
 (We must have names when you submit contract)

Address: _____ City: _____

State: _____ Zip: _____ Tribe/Organization: _____

Email _____

COVENANT

Application and acceptance of the application constitutes a contract to use the space assigned by the National Indian Council on Aging, Inc. (NICOA). NICOA retains the right to assign and/or change exhibit locations for unavoidable problems due to circumstances beyond the control of the parties involved. NICOA reserves the right to refuse exhibit space to any applicants whose exhibit is deemed not to be in the best interest of the Organization. The Exhibitor indemnifies and agrees to hold harmless NICOA and the Conference & Event Center Niagara Falls, their officers, directors, employees, and agents from and against any actions, losses, costs, damages, claims, and expenses (including attorney's fees) arising from any damage to property or bodily injury to Exhibitor, his agents, representatives, employees by reason of the Exhibitor's occupancy or use of exhibition facilities. Exhibitor agrees not to deface or damage the Conference & Event Center, Niagara Falls property. In accordance with these rules and regulations governing exhibits for the 2016 Conference, September 13-15, 2016, the undersigned makes application for exhibit space and encloses the full fee for each space requested. Sale of food items is prohibited

SIGNATURE: _____ DATE: _____

PLEASE NOTE	EXHIBITOR SCHEDULE		
When signed Exhibitor Contract and PAYMENT is received, you will receive your packet from NICOA's Conference Coordinator. This packet will include information and additional costs for shipping, ordering of electricity, etc. Convention expenses are used to defray NICOA operating cost. Therefore, it is NICOA's policy NOT TO REFUND Exhibitor Contract fees for any reason including cancellation. Do not mail forms after August 31, 2016. Faxed copies of form and/or payment do not constitute payment. You will receive a confirmation of registration.	Move-In/Set-Up:	8:00am – 10:00am	Mon, Sept 12
	Exhibit Hours:	10:00am – 8:00pm	Mon, Sept 12
	Exhibit Hours:	8:00am – 8:00pm	Tue, Sept 13
	Exhibit Hours:	8:00am – 5:00pm	Wed, Sept 14
	Exhibit Hours:	8:00am – 5:00pm	Thu, Sept 15
	Move Out:	5:00pm – 8:00pm	Thu, Sept 15

PLEASE CHECK EXHIBITOR CATEGORY

- | | |
|---|--|
| <input type="checkbox"/> \$400 American Indian Artisans & Merchants
<input type="checkbox"/> \$600 Non-Profit Organization
<input type="checkbox"/> \$800 Corporate / For Profit Entities | <input type="checkbox"/> \$500 Tribe / Tribal Enterprise
<input type="checkbox"/> \$700 Government / Federal Agency |
|---|--|

Exhibitor registration fee includes use of one exhibit sign, a 10 x 10 area, a table, two chairs, and two conference registrations providing access to any activities or meals furnished on site for the two (2) designated people exhibiting. Please consider donating an item of \$25 or more to our Silent Auction.

WHERE TO SEND THIS FORM AND PAYMENT BEFORE DEADLINE OF AUGUST 1, 2016

PLEASE SEND FORM AND PAYMENT TO:

FAX or EMAIL Exhibitor Form and Credit Card Form

carchibald@nicoa.org

National Indian Council on Aging, Inc.
 Attn: 2016 NICOA Conference
 10501 Montgomery Blvd. NE, Suite 210
 Albuquerque, NM 87111

FOR INFORMATION CONTACT:

Cheryl Archibald
 Phone: (505) 292-2001
 Fax: (505) 292-2001
 Email: carchibald@nicoa.org

Received by: _____ Date: _____ Payment Received: \$ _____

Check Number: _____ Notes: _____



Silent Auction/Give-Away Items Donation Form

21st BIENNIAL NICOA CONFERENCE SEPTEMBER 13-15, 2016

Please check the appropriate box for your donation: Silent Auction Give-Away Item

1. CONTACT INFORMATION (PLEASE PRINT OR TYPE CLEARLY)

Donor: _____

Contact Person: _____

Organization /Tribe: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

2. DONATED ITEM (PLEASE COMPLETE – ONE FORM FOR EACH ITEM)

Name of Item Donated: _____

Manufacturer: _____ Model #: _____ Minimum Bid Value: _____

Complete Description* of Item: _____

**If your item contains multiple services or products, please give details in your description. Please complete a separate form for each donated item.*

3. SERVICE OR GIFT CERTIFICATE INFORMATION REQUIREMENTS

When donating gift certificates, please include the following in the certificate or letter:

Name of product or service

Description of what is included in the service and what is excluded from the service

Name of person to contact for further information

Name, address and full contact information for your company

Instructions on how to use the item

Include any additional information such as a photo or description brochure as appropriate

Date of Expiration

4. SHIPPING OPTIONS (PLEASE CHECK ONE)

- I or a company representative will deliver or ship the above item(s) to arrive by **September 9, 2016** to: NICOA 2016 Conference on Aging, C/O Conference & Event Center Niagara Falls, 101 Old Falls Street, Niagara Falls, NY 14303
- If the above is not possible I will contact Cheryl J Archibald by **September 2, 2016** to make alternate arrangements.

Thank you for your generous donation

PLEASE FAX COMPLETED FORM TO 505-292-1922 OR EMAIL TO carchibald@nicoa.org



Honoring Our Elders Award Nomination Form

**Let him that would move the world, first move himself.
- Seneca**

Simply fill in the nomination form below, complete the 500 word summary, two (2) letters of recommendation and all supporting documentation, please send by email, fax or mail to:

Honoring our Elders Award

Attn: 2016 NICOA Conference
10501 Montgomery Blvd, NE Suite 210,
Albuquerque, NM 87111
Phone: 505/202-2001 Fax: 505/292-1922
Email: info@NICOA.org, or carchibald@nicoa.org

Categories (Select one):

- 1. Advocate for Elders Award
- 2. Title VI Director of the Year Award
- 3. Caregiver Award

**Honoring our Elders Award Nomination Form
Deadline for Submission is August 31, 2016**

NOMINEE INFORMATION:

Category (choose a number from above 1, 2, 3): _____ Date: _____

Nominee's name: _____

Organization/Tribe (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ Website: _____

E-mail address: _____

NOMINATOR INFORMATION:

Nominator's name and title: _____

I attest that I am a current dues paying member of NICOA. I am eligible to submit this nomination.

Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

E-mail address: _____



Inter-Tribal Fashion Show Registration Form

Tuesday, September 13, 2014 – 7:00 PM

Name (Please Print)

Your Region

Your Tribe

Information about your Tribal Fashion

(More information can be printed on reverse side)

PLEASE SUBMIT WITH REGISTRATION FORM



Veterans Honoring Luncheon Registration Form

Thursday, September 15, 2016 – 12:00 Noon

Name (Please Print)

Your Region

Your Tribe

Branch of Service

Rank

When

Where You Served

Registrants of the NICOA Conference agree to allow NICOA and its official photographer and/or videographer to photograph or videotape them in the context of the Biennial Conference setting. Footage captured by the official NICOA photographer/videographer may be used in future print and electronic promotional and archival materials.

**PLEASE SUBMIT WITH REGISTRATION FORM
(If you need more space, please write on reverse side)**



Credit Card Payment Authorization Form

2016 BIENNIAL CONFERENCE

Conference & Event Center Niagara Falls
SEPTEMBER 13 – 15, 2016

A copy of your conference Membership Form, Registration Form, Exhibitor Contract, or Sponsorship Form MUST BE SUBMITTED with this form

Name of registration attendee(s): _____

Note: If you are an Organization or Tribal Organization paying on behalf of several attendees, YOU MUST attach a copy of each Membership, CIB Card, and/or Registration form(s) along with payment.

Authorization

Please charge my credit card in the amount indicated in the **TOTAL AMOUNT AUTHORIZED** line below for membership, registration, sponsorships, and/or other conference fees for participation in the 21st National Indian Council on Aging 2016 Biennial Conference.

Billing Address (Same address as issued on the Credit Card)

Name (as it appears on credit card): _____

Billing Address: _____ Suite/Apt #: _____

City: _____ State: _____ Zip: _____

Email: _____

(Required for receipt)

There will be an additional processing charge of 4% of the total amount due for processing the payment using your credit card.

MAIL/FAX/EMAIL THIS FORM WITH MEMBERSHIP and REGISTRATION FORM TO:

National Indian Council on Aging, Inc.
Attn: 2016 NICOA Conference
10501 Montgomery Blvd NE, Suite 210
Albuquerque, NM 87111
carchibald@nicoa.org

NICOA Federal ID#: 86-0321646

FOR INFORMATION:

Cheryl J Archibald
Phone: (505) 292-2001
Fax: (505) 292-1922

Membership Dues: \$ _____

Registration Fee or Sponsorship Amount: \$ _____

Subtotal: \$ _____

(membership dues + registration fee or sponsorship amount) \$ _____

Bank Processing Fee (4%): \$ _____

[Subtotal x .04] \$ _____

TOTAL AMOUNT AUTHORIZED: \$ _____

Card Holder Information

Type of Card: [] Visa [] MasterCard [] American Express [] Discover

Credit Card#: _____

Security Code*: _____ Expiration Date: _____ / _____
Month Year

Cardholder's Signature: _____ Date: _____

*In the signature box on the back of the card, you should see either the entire 16-digit credit card number or just the last four digits followed by a 3-digit code. This 3 digit code is your Card Security Code.(Visa/MC). American Express's security code is the 4-digits on the front of the card at the end of your 15 digit card number.

WE NEED YOUR HELP



Your donations and sponsorships make a BIG difference! Help NICOA strengthen our mission to advocate for improved comprehensive health, social services and economic wellbeing of American Indian and Alaska Native Elders. Our goal is to ensure that our Elders have the opportunity to age in place -- in their own homes and communities.

You can also help by becoming a member of NICOA. Help us to educate our tribal, state and national leaders about aging issues in Indian Country. You may complete a membership form and pay your dues by visiting our website at NICOA.org or calling us in Albuquerque at (505) 292-2001.

As a member you will gain a better understanding of how national policies impact services to Elders. You will also learn how you can become a well-informed advocate for Elder services in your community. Join us for the 21st Biennial National Indian Conference on Aging, in majestic, Niagara Falls, NY, September 13-15, 2016.

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National Indian Council on Aging, Inc.
10501 Montgomery Blvd. NE, Ste. 210
Albuquerque, NM 87111

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