

National Indian Council on Aging

Presents

“Arizona: Back to Where it all Started— Celebrating the 20th NICOA Biennial Conference on Aging”

Co-Hosted by:
Inter Tribal Council of Arizona, Inc.
With
Area Agency on Aging -
Region 8

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ONLY REGISTERED ATTENDEES for the NICOA Conference itself CAN ATTEND the Honoring Elders Luncheon, Cultural Celebration Dinner, and the Spiritual Breakfast Events
We have limited seating and meals are restricted to registered conference attendees only.

September 3-6, 2014
Sheraton Phoenix Downtown

340 North 3rd Street
Phoenix, AZ 85004

*Bylaws can be obtained from the
NICOA website at www.nicoa.org

Funds received in connection with NICOA Conference will be applied to conference expenses and used to advance the mission of NICOA.



2014 – 20th Biennial National Indian Council on Aging Conference
September 3-6, 2014
Sheraton Downtown Phoenix
340 North 3rd Street
Phoenix, AZ 85004

Sleeping Accommodations:

Attendees must arrange their own lodging. NICOA encourages you to use our designated hotel for your stay. A block of rooms has been reserved at the following hotel. 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*.

NICOA HEADQUARTER HOTEL

Sheraton Phoenix Downtown
340 North Third Street
Phoenix, AZ 85004
1-800-325-3535

Special rate is \$109.00 plus additional taxes of 12.27%.
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, 2014 to August 12, 2014. Type this link or, copy and paste the link into any web browser,
<https://www.starwoodmeeting.com/Book/nicoabeinnial> .

**Early Bird Registration
Deadline JUNE 30, 2014
Register **NOW** and you will
be entered in a drawing for
**A FREE Hotel Stay at the
Sheraton during the
conference.**
(Sept 3-6 only)**

Attendees can also call one of our reservationists to set up a reservation at 1-800-325-3535 and refer to the **National Indian Council on Aging (NICOA)** discounted room rate of \$109.00 + additional taxes (currently 12.27%) per night. This rate is available to you (3) three days prior to the conference and (3) three days after the conference for your convenience.

RESERVATIONS MUST BE MADE NO LATER THAN AUGUST 12, 2014 TO RECEIVE THE DISCOUNTED RATE.

Drawing for a Free Hotel Stay:

Names of all Early Bird Registrants will be entered into a drawing on July 1, 2014. The winner will be contacted by email and/or telephone and announced in the NICOA Quarterly newsletter.

Special Accommodations:

If you need special accommodations for ADA accessible rooms please make arrangements with the Hotel directly.

Parking:

Sheraton Phoenix Downtown is offering 24-hour self parking at a discounted rate of \$10 per day.

BECOME A DUES PAYING MEMBER TODAY AND RECEIVE REDUCED REGISTRATION FEES AND PERIODIC PUBLICATIONS

Conference Registration Procedure:

Complete the enclosed registration form. Eligible NICOA members must also pay **new** or **renewal** membership dues when registering for the 2014 NICOA Conference . New or renewal dues are for Sept 1, 2014—Aug 31, 2016.

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 representatives from any Organization or Tribal Enterprise/Organization can be either a Voting (with verifying documentation), or Associate Non-voting Member. \$300

Registration Fee is for one individual person, each person must register on individual forms. **Fax, Mail, or email Registration form (s) along**

with payment to: **National Indian Council on Aging,**
Attn: 2014 Conference,
10501 Montgomery Blvd. NE, Suite 210
Albuquerque, NM 87111

Phone: (505) 292-2001
Fax: (505) 292-1922
email: info@nicoa.org

PAYMENT MUST ACCOMPANY REGISTRATION FORM

2014 – 20th National Indian Council on Aging Conference

Conference Registration Procedure (continued):

Remember to register Early, by June 30 and you will be entered in a drawing for a FREE HOTEL STAY at the Sheraton during the conference (Sept 3-6 only) and to receive a discount of \$25 off the registration fees. Regular Registration is July 1-Aug 25, 2014. Late registration will begin August 26, 2014—**LATE REGISTRATION FEES MUST BE PAID ON-SITE AT THE CONFERENCE** on September 2 or 3, 2014. **An extra fee of \$25 will apply. REGISTER EARLY AND SAVE \$50 (Late registrations are not guaranteed a program, conference bag, or meals).**

Payment: PLEASE DO NOT SEND CASH! CHECK AND CREDIT CARD PAYMENTS ONLY.

Fax credit card form to Attention: 2014 NICOA Conference at 505-292-1922. **OR**

Mail with check, **AND** credit card form to: NICOA, Attention: 2014 NICOA Conference, 10501 Montgomery Blvd, NE, Ste. 210, Albuquerque, NM 87111. Make check payable to **NICOA**. Purchase Orders are not accepted.
NICOA's Tax ID Number: 86-0321646. We accept ALL major credit cards.

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 bluehouse@nicoa.org to determine your registration status.

Refund policy:

No refunds or transfers of membership dues. No refunds for registrations. You may substitute someone in your place without additional fees until June 30, 2014. The substitute **MUST** pay membership dues. Membership dues are **not transferrable**. Substitutions must be requested in writing via email prior to June 30, 2014 for consideration to bluehouse@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.

Air Transportation:

Phoenix Sky Harbor Airport (PHX)

3400 E Sky Harbor Blvd, Phoenix, AZ 85034,
Phone: (602) 273-3300, is located just 12 minutes, 7.6 miles from the Sheraton Phoenix Downtown. Service is offered by Southwest, US Airways, Delta, American, United, Alaska Airlines, Frontier, jet Blue, Spirit, Hawaiian, Sun Country, and Great Lakes airlines.

Travel from the Airport

Rental Car Information Desk (602) 683-3741
Taxi Service is available for \$16-\$20 each way
Super shuttle service is \$12.00 each way per person
Sedan Service is \$25 each way
Light Rail is \$2 each way

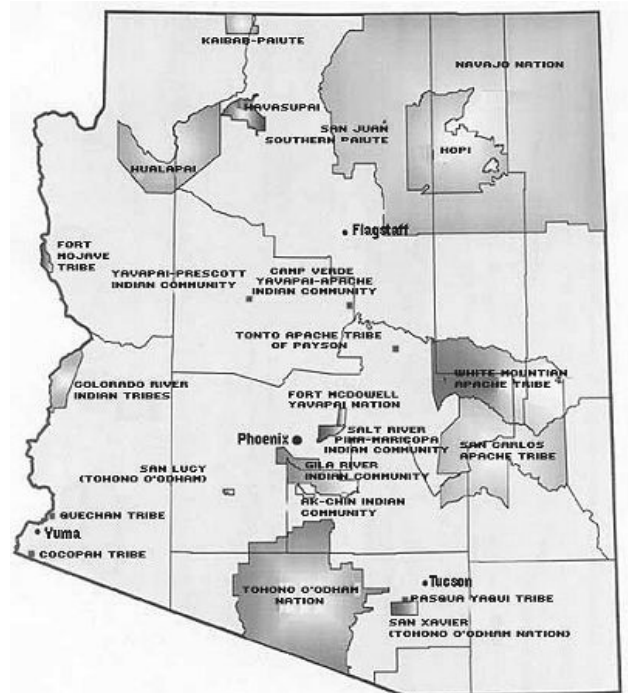
Three Complimentary Sponsored Meals with Registration:

Traditional Feast-September 3
Honoring Luncheon-September 4
Spiritual Breakfast-September 5
Other meals are on your own

MEALS ARE FOR REGISTERED ATTENDEES ONLY—NO NON-REGISTERED GUESTS

Meals are NOT GUARANTEED for late registrants (August 26-September 3)

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.





20th National Indian Council on Aging Conference

Preliminary Agenda *(subject to change)*

Sheraton Phoenix Downtown

Daily Activities

Wednesday thru Friday 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
 Wednesday / Friday 8:00 AM - 4:00 PM Silent Auction Open / Close Friday 3PM
 Thursday / Friday 8:00 AM - 5:00 PM Health Fair

Tuesday, September 2, 2014

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

Throughout the

Conference

Visit the Exhibit Hall:

- ◆ Vendors
- ◆ Fitness & Exercise
- ◆ Sessions
- ◆ Health Fair
- ◆ Computer Learning Lab
- ◆ Silent Auction—Sept 5
- ◆ Rest areas

Wednesday-Friday

8AM-8PM

Saturday till NOON

Wednesday, September 3, 2014

8:00 AM-10:00 AM Registration
 10:00 AM-12:00 PM Opening General Assembly
 12:00 PM- 1:30 PM Lunch (on your own)
 1:30 PM- 2:20 PM Opening General Assembly (cont.)
 2:20 PM- 2:30 PM Afternoon Break- (Nutritional Snacks/Drinks)
 (Concurrent Sessions)
 2:30 PM- 3:20 PM Caucuses Session A (voting members)
 2:30 PM- 3:20 PM Workshop Session A - Open to all attendees
 3:20 PM- 3:30 PM Afternoon Break - (Nutritional Snacks/Drinks)
 (Concurrent Sessions)
 3:30 PM- 4:30 PM Caucuses Session B - (voting members) continued
 3:30 PM- 4:30 PM Workshop Session B - Open to all attendees
 4:30 PM- 5:45 PM Break
 6:00 PM- 9:00 PM Cultural Dinner / Traditional Feast

Thursday, September 4, 2014

8:00 AM- 10:00 AM General Session
 10:00 AM- 10:10 AM Morning Break - (Nutritional Snacks/Drinks)
 10:10 AM- 11:50 AM General Session (continued)
 12:00 PM- 2:00 PM Honoring Elder and Sponsorship Recognition Luncheon
 2:30 PM- 3:30 PM Workshop Sessions C - Open to all attendees
 3:30 PM- 3:40 PM Afternoon Break- (Nutritional Snacks/Drinks)
 3:40 PM- 5:00 PM Workshop Sessions D - Open to all attendees
 5:00 PM- 7:00 PM Dinner (On Your Own)
 7:00 PM- 9:00 PM Fashion Show

Friday, September 5, 2014

8:00 AM- 10:00 AM Spiritual Breakfast
 10:00 AM- 10:10 AM Morning Break
 10:10 AM- 12:00 PM General Session
 12:00 PM- 1:00 PM Lunch (On Your Own)
 1:15 PM- 2:35 PM General Session (continued)
 2:35 PM- 2:45 PM Afternoon Break - (Nutritional Snacks/Drinks)
 2:45 PM- 4:30 PM Workshop Sessions E - Open to all attendees
 4:30 PM- 6:00 PM Dinner (On Your Own)
 7:00 PM- 9:00 PM Special Evening Event / Silent Auction

Saturday, September 6, 2014

8:00 AM- 10:00 AM Closing General Assembly
 10:15 AM- 10:50 AM Bylaws / Resolutions / NICOA any Agenda
 10:50 AM- 11:00 AM Morning Break
 11:00 AM- 11:45 AM Special Closing Speaker
 11:45 AM- 12:00 PM Closing Remarks from the Chairman

**Donations for Daily Give-A-Ways
and Silent Auction are Appreciated**

September 5

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.**

Voting Members of NICOA:

Eligible voting members paying renewal or new membership dues shall be (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. Run for a NICOA board position; vote on changes to the organization by-laws; and propose resolutions from your area that NICOA will advocate for in the coming year, you will also receive periodic publications on issues relevant to aging in Indian Country.

MISSION:

We thank you for your renewal of biennial dues. Your contribution helps NICOA to further our mission to advocate for improved comprehensive health, social services and economic well-being of American Indian and Alaska Native Elders.

BOARD POSITIONS TERMING OUT AND UP FOR VOTE:

Alaska Region	Midwest Region	Southwest Region
Great Plains Region	Southern Plains Region	Pacific Region

VACANT BOARD POSITIONS:

Rocky Mountain Region - Please submit a Board Nomination Packet by July 31, 2014.

National Association Title VI Grantees, (This representative to the Board shall be seated as a Board member upon his/her ascendency to the Chairmanship of the National Association of Title VI Grantees)

BOARD NOMINATION PROCESS:

Board Nomination Packet will be available on the NICOA website: www.nicoa.org. A Board Nomination Packet along with \$35 Fee must be completed for all terming out board positions and vacancies. Any questions please call (505) 292-2001 or email info@nicoa.org. **July 31 —DEADLINE.**

RESOLUTION AND BYLAWS SUBMISSION:

Resolutions and Bylaws Submission Guideline is available on NICOA website. **July 18—DEADLINE**
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 NICOA periodic publications on issues relevant to aging in Indian Country. (Organization Associate Members limited to 2 representatives only).

SEEKING WORKSHOP PRESENTERS AND SPEAKERS:

Affordable Care Act/Indian Healthcare Improvement Act
Medicare/Medicaid
Social Security
Older Americans Act—Title VI and Title V Services.
Senior Economic Security & Employment Training (SCSEP)
Long Term Care Planning
Community Based Services
Health Care Screening
Elder Abuse Prevention
Nutrition and Fitness/ Falls Prevention
Caregiver/Grandparent Raising Grandchildren Support Programs
Chronic Disease Prevention and Health Promotion
Senior Housing and Senior Living Programs
Technology and Seniors-Computer Learning Lab
Medications Management
Traditional Methods to Health and Wellness
WE ARE OPEN TO OTHER PRESENTATIONS NOT LISTED.

For more information contact:
National Indian Council on Aging
10501 Montgomery Blvd., NE, Suite 210
Albuquerque, NM 87111
Phone:(505) 292-2001
Fax: (505) 292-1922
www.nicoa.org
Email: info@nicoa.org

Sponsorships and Donations are always welcome!

Tradeshow Exhibitors are welcome.

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.

MEALS ARE FOR REGISTERED ATTENDEES ONLY—

NO NON-REGISTERED GUESTS



Silent Auction/Give-Away Items Donation Form

National Indian Council on Aging, Inc.
10501 Montgomery Blvd. NE, Suite 210, Albuquerque, NM 87111
Telephone:(505) 292-2001 ♦ Fax:(505) 292-1922

www.nicoa.org

20th BIENNIAL NICOA CONFERENCE ON AGING SEPTEMBER 3-6, 2014

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

CONTACT INFORMATION (PLEASE PRINT OR TYPE)

Donor: _____

Contact Person: _____

Organization/Tribe: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

DONATED ITEM (PLEASE PRINT OR TYPE CLEARLY- ONE FORM FOR EACH ITEM)

Name of Item Donated: _____

Manufacturer: _____ Model #: _____ Cost/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 item donated.*

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

SHIPPING OPTIONS (PLEASE CHECK ONE)

- I or a company representative will deliver or ship the above item (s) to arrive by **August 28, 2014 to: NICOA 2014 Conference on Aging, C/O Sheraton Downtown Phoenix, 340 North 3rd Street, Phoenix, AZ 85004** (you will be responsible for additional shipping costs.)
- If the above is not possible I will contact Randella Bluehouse by **August 1, 2014** to make alternate arrangements.

***AFTER AUGUST 1, 2014, YOU MUST CALL RANDELLA BLUEHOUSE AT 505-292-2001 TO MAKE SPECIAL ARRANGEMENTS.**

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



**20th NATIONAL INDIAN COUNCIL ON AGING
2014 Biennial Conference – Phoenix, AZ
September 3-6, 2014
Sheraton Phoenix Downtown
REGISTRATION/MEMBERSHIP FORM**

**Early Bird Registration
Deadline JUNE 30, 2014
Register NOW and you will be
entered in a drawing for a
FREE HOTEL STAY
at the Sheraton during
the conference.
(Sept 3-6 only)**

Mr. Mrs. Miss. Ms. Veteran check here: Tribal Leader check here:

Name: _____ Phone: _____ - _____ - _____

Address: _____ City: _____ State: _____

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

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

A. MEMBERSHIP DUES/RENEWAL– Three Types of Membership dues for September 1, 2014-August 30, 2016

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 CDIB/proof of enrollment:

A qualified voting member is “any Indian 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 CDIB CARD. IF YOUR CDIB 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) _____ CDIB/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 6/30/2014)	Regular Registration (Post marked or received by 7/1/2014 and 8/25/2014)	Late Registration fees (MUST pay on-site after 8/26/2014)	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	\$300.00	\$325.00	\$350.00	
ALL MEMBERS MUST PAY MEMBERSHIP DUES BEFORE REGISTERING. PAYMENT MUST ACCOMPANY THIS FORM			TOTAL	\$

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

Please mail this form along with payment to:
 National Indian Council on Aging
 Attn: 2014 Conference
 10501 Montgomery Blvd. NE, Ste. 210
 Albuquerque, NM 87111
 NICOA Federal ID # 86-0321646
NO NON-REGISTERED GUESTS FOR MEALS



NATIONAL INDIAN COUNCIL ON AGING
2014 BIENNIAL CONFERENCE, SEPTEMBER 3–6, 2014
 SHERATON PHOENIX DOWNTOWN, PHOENIX, AZ

**DEADLINE:
 JUNE 30, 2014**

Workshop Presentation Registration Form

(Check all boxes that apply) Presenter Sponsor *NICOA member:

*Applicable complimentary workshop (s) for all NICOA Members and Mountain and Eagle Sponsors

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

Presenter Type	Number of Workshop Sessions	Fees Due
Presenter All NICOA Registered Dues Paying Members (1 complimentary workshop)	\$0 (limited to 2 presenters per workshop)	
Sponsor – Mountain level (3 complimentary workshops)	\$0 (limited to 2 presenters per workshop)	
Sponsor – Eagle level (2 complimentary workshops)	\$0 (limited to 2 presenters per workshop)	
All other sponsors & non-members	\$200 each presenter (limited to 2 presenters per workshop)	
Additional Sessions – Please Complete a separate form for each additional session	\$100 each additional session (limited to 2 presenter per workshop) Circle number of additional sessions 1 2 3 4 [\$100 x _____]	
Two Sessions are available on Wednesday, and Thursday; One Session on Friday		
Put an X in each box to indicate Session Choice	Wed., Sept 3	Thur., Sept 4
1 st Session 2:30-3:20 PM		
2 nd Session 3:30-4:30 PM		
		TOTAL FEE ENCLOSED:
		\$

Because NICOA conferences are produced at cost, presenters are responsible for their own travel, accommodations, applicable membership dues, registration fees and additional workshop fee if applicable (*per person*), which would provide entrance at no cost to all of the events and meals offered at the conference.

TITLE OF PRESENTATION: _____
 *Survey and Focus Group sessions must be approved by the Executive Director prior to registering – send request to information contact below.

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:
 Complete Registration Form(s) and Pay applicable Fee plus \$100 for each additional session and Credit Card form if using a Credit Card.

A brief description of your proposed presentation (no more than 150 words each); A brief biography (no more than 150 words) before **deadline of June 30, 2014**. Please indicate if you will have 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. **Registration is limited to two (2) presenters only. 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:** Health Insurance, Heart Disease / Hypertension, Diabetes, Caregiver Support, Medicare/Medicaid, Access to Health Care, Hearing / Vision Care, Exercise & Fitness, Medications Management, Other _____
- Community Services:** Nutrition, Transportation, Falls Prevention, Long Term Care, Elder Abuse Program, Legal Support, Title VI Grantee Services, Title III State Services, Other _____
- Economic Well Being:** 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:

NICOA's Federal ID Number: 86-0321646
 National Indian Council on Aging, Inc.
 Attn: 2014 NICOA Conference
 10501 Montgomery Blvd. NE, Suite 210
 Albuquerque, NM 87111

FOR INFORMATION CONTACT:

Randella Bluehouse, Executive Director
 Phone: (505) 292-2001
 Fax: (505) 292-1922
 info@nicoa.org



NATIONAL INDIAN COUNCIL ON AGING
2014 BIENNIAL CONFERENCE SEPTEMBER 3 – 6, 2014
 SHERATON PHOENIX DOWNTOWN, PHOENIX, AZ

**DEADLINE:
 JULY 31, 2014**

Exhibitor Contract/Registration Form

PLEASE TYPE OR PRINT CLEARLY

EXHIBITOR INFORMATION

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 Sheraton Phoenix Downtown, 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 Sheraton Phoenix Downtown property. In accordance with these rules and regulations governing exhibits for the 2014 Conference, September 2 – 6, 2014, 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 on 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 July 31, 2014 . Faxed copies of form and/or payment do not constitute payment. You will receive a confirmation of registration.	Move-In/Set-Up:	10:00am – 8:00pm	Tue, Sept 2
	Exhibit Hours:	7:00am – 8:00pm	Wed, Sept 3
	Exhibit Hours:	7:00am – 8:00pm	Thurs, Sept 4
	Exhibit Hours:	7:00am – 8:00pm	Fri, Sept 5
	Exhibit Hours:	7:00am – 3:00pm	Sat, Sept 6
	Move Out:	3:00pm – 5:00pm	Sat, Sept 6

PLEASE CHECK EXHIBITOR CATEGORY

- _____ \$400 American Indian Merchandise & Arts & Crafts
- _____ \$600 Non-Profit Organization
- _____ \$800 Corporate / For Profit Entities

- _____ \$500 Tribe / Tribal Enterprise
- _____ \$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 SEND FORM AND PAYMENT TO:

FAX or EMAIL Exhibitor Form and Credit Card Form
 National Indian Council on Aging, Inc.
 Attn: 2014 NICOA Conference
 10501 Montgomery Blvd. NE, Suite 210
 Albuquerque, NM 87111

FOR INFORMATION CONTACT:

National Indian Council on Aging, Inc.
 Randella Bluehouse
 Phone: (505) 292-2001
 Fax: (505) 292-1922
 info@nicoa.org

MEALS ARE FOR REGISTERED ATTENDEES ONLY—NO NON-REGISTERED GUESTS

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

Check Number: _____ Notes: _____



**NATIONAL INDIAN COUNCIL ON AGING
2014 BIENNIAL CONFERENCE
SHERATON PHOENIX DOWNTOWN, PHOENIX, AZ
SEPTEMBER 3 – 6, 2014**

**Early Bird Registration
Deadline JUNE 30,
Register NOW and you
will be entered in a
drawing for a FREE
HOTEL STAY at the
Sheraton during the
conference. (Sept 3-6)**

Credit Card Payment Authorization Form

**(A copy of your conference Registration, Exhibitor Contract, or Presenter Agreement
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 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 20th National Indian Council on Aging 2014 Biennial Conference.

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

Name (as it appears on credit card): _____

Street Address: _____ Suite/Apt #: _____

City: _____ State: _____ Zip: _____

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: 2014 NICOA Conference
10501 Montgomery Blvd NE, Suite 210

Albuquerque, NM 87111
info@nicoa.org

NICOA Federal ID#: 86-0321646

FOR INFORMATION:

Randella Bluehouse

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	\$	_____
[Subtotal x .04] (4%):	\$	_____
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.



National Indian Council on Aging Honoring Our Elders Award Nomination Form

**EXTENDED
DEADLINE:
JULY 7, 2014**

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

The National Indian Council on Aging 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.

The criteria are simple.

Tell us about someone, in at least 500 words, who best personifies one of the categories above and would be a worthy role model to be emulated by others.

Letters of recommendation should be included to give testimony to a long-standing commitment to public service. Along with the letters of recommendation, please attach any articles, awards or other documentation of the nominees' accomplishments and charitable works.

Please give consideration to:

- Length of service
- Scope and impact of work
- Degree of difficulty and obstacles encountered
- Imagination and innovation

An assembly of nominees will be selected and placed on the official ballot. The nominees are then voted on and selected by the NICOA Board of Directors. Recipients are then invited to attend the ceremony honoring their accomplishments. If the honoree is unable to attend, a conference attending representative may receive the award on their behalf. **The Deadline to submit your nomination is July 7, 2014.**

NICOA is a 501(c)(3) membership and service organization, founded in 1976 by members of the Tribal Chairman's Association. Late Honorable, Wendell Chino, was the driving force behind the first NICOA Conference on Aging. Mr. Chino served as the President of the Mescalero Apache Tribe of New Mexico, and the Chairman of the Tribal Chairman's Association, and also served as the Honorary Chairman of the National Indian Council on Aging. His eloquent, inspirational speech calling for action on behalf of AI/AN Elders was the motivation for the creation of NICOA.

NICOA decided to promote the values of selflessness, integrity, and caring by searching for those individuals who devote their lives in service to others, like Wendell Chino. NICOA shares our creation story so that people of all ages may be inspired by Wendell Chino and people like him that aspire to make life better for others.

NICOA honors caring Americans with a long-standing commitment to advocacy to help improve the comprehensive health, social service and economic well-being of AI/AN Elders.



National Indian Council on Aging Honoring Our Elders Award Nomination Form

**EXTENDED
DEADLINE:
JULY 7, 2014**

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 - National Indian Council on Aging, Inc.

Attn: 2014 NICOA Conference

10501 Montgomery Blvd, NE Suite 210, Albuquerque, NM 87111

Phone: 505/202-2001 fax: 505/292-1922

info@NICOA.org

Let him that would move the world, first move himself.

- Seneca

Honoring our Elders Award Nomination Form

Deadline for Submission is July 7, 2014

NOMINEE INFORMATION:

Category: _____ Date: _____

Nominee's name: _____

Organization/Tribe (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

E-mail address: _____ Website: _____

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: _____

**EXTENDED
DEADLINE:
JULY 7, 2014**

NICOA Honoring our Elders Award



What characteristics and accomplishments are you looking for in a NICOA Award candidate?

Honoring Our Elders Award recipients are role models who exemplify an extraordinary commitment to public service and social responsibility. Recipients should come from all walks of life, but are united in their deep concern for AI/AN Elders. We seek to honor those who have demonstrated selflessness, exhibited a long-term commitment to service and the betterment of aging services, and who have had a significant impact on the lives of AI/AN Elders in their community, Tribal Nation, and/or nationally. We particularly look for those who have worked with an organization that is centered on serving AI/AN Elders, as well as those whose efforts will last beyond their lifetime.

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. Only NICOA members may nominate a candidate. If you are uncertain of your membership status, please call 505-292-2001. Any person that fits the characteristics and accomplishments above are eligible for nomination. Nomination forms must be complete and received or post marked by **July 7, 2014**.

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. We recommend that a nomination form be supported by two (2) letters of recommendation, one from an upstanding community member and another from a NICOA member. It is beneficial to include newspaper articles, letters, and any additional information to support your nomination. Nominations are accepted each NICOA biennial conference year; however, if a nomination arrives after the deadline, we will consider the nominee for the next biennial conference year.

What is the Honoring Our Elders Award nomination process?

All of the nominations we receive are acknowledged, reviewed, and evaluated. The NICOA nomination committee and staff review every nomination we receive, research those with potential, and provide the NICOA Board of Directors with a broad sampling of finalists. An official ballot is prepared and distributed to our Board of Directors to be voted on. The board then selects one (1) award recipient from each of the three categories, by secret ballot. Once an award recipient is selected, we must confirm with the nominee that they can be present to accept their award at our official ceremony. Finalists not chosen as award recipients can be considered for the award in subsequent years. NICOA will provide a complementary membership, conference registration and complimentary room for two at the Phoenix Sheraton Downtown, for the nights of September 3 & 4, 2014, for each of the three award finalists only. If the finalist is unable to attend in person we will arrange for your award to be shipped to you or presented to your designated conference attending representative. Because NICOA pays for the conference at cost we are not able to offer complimentary travel to Phoenix, AZ. NICOA will notify the awardee in advance to allow reasonable time to arrange for sponsorship from the local community and or Tribe if applicable, for travel and other costs. The complimentary room offer is for the finalist only, and not valid for the conference attending representative.

How are Honoring Our Elders Award recipients honored?

Recipients are invited to a special ceremony held on September 4, 2014 where they are honored for their acts of caring for AI/AN Elders. 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. Awardees are inducted into the Honoring Our Elders Wall of Fame located in the NICOA National Office, at 10501 Montgomery Blvd., NE. Suite 210, Albuquerque, NM 87111.

National Indian Council on Aging

Board Membership Nomination Materials



NICOA is seeking Board members to fill seven vacant positions. If you are interested or you know of an outstanding Elder representative or professional that can represent your area, please provide them with this information. The Deadline for nomination to the Board is **July 31, 2014.**

Only original forms and payment received by mail will be accepted by **July 31, 2014** to NICOA

ATTN: Executive Director,
10501 Montgomery Blvd., NE, Suite 210,
Albuquerque, NM 87111

Checks, money orders, cashier's checks, and credit cards are acceptable forms of payment.
Cash will not be accepted.

FILING FEE IS \$35.00

*Bylaws can be obtained from the
NICOA website at www.nicoa.org



NICOA BOARD MEMBERSHIP NOMINATION

The NICOA Board of Directors is comprised of American Indian and Alaskan Native Elders, age 55 or over. Board members represent each of the 12 Regions (BIA); and one member representing the National Association of Title VI Grantees, and will follow that organization's own elections process. The positions up for election during the 2014 conference include:

<u>Alaska Region</u> Alaska	<u>Great Plains Region</u> North Dakota South Dakota Nebraska	<u>Midwest Region</u> Iowa Michigan Minnesota Wisconsin Illinois	<u>Southern Plains Region</u> Kansas Western Oklahoma Texas
<u>Pacific Region</u> California	<u>Rocky Mountain Region</u> Wyoming Montana	<u>Southwest Region</u> Colorado New Mexico	<u>Title VI Grantees Association</u> Title VI Director

The roles and responsibilities of the Board members include:

- Ensuring the organization's mission and purpose are realized;
- Supporting and evaluating the Executive Director's performance;
- Ensuring the organization has adequate resources through fundraising to carry out its mission;
- Monitoring the allocation of these resources and ensuring the legal and ethical integrity of the organization;
- Representing the organization at local, regional and national events;
- Working cooperatively with fellow Board members to proactively represent the Elders from the area that elected you; and
- Avoiding conflict of interest between the work of NICOA and other organizations to which you belong.

When considering whether to serve as a Board member of NICOA, you must evaluate the time you have to devote to the fundraising, advocacy and governance responsibilities required of each Board member. It is truly an honor to represent and serve fellow elders, but it is also a substantial time commitment that should be considered very carefully. Board members are not allowed to be paid for the services they provide on behalf of NICOA, a non-profit organization.

To become a NICOA Board member you must:

- Step 1: Be 55 years old or older, an enrolled member of a federally recognized tribe, AND a Dues Paying Voting Member of NICOA.
- Step 2: Submit a complete board nomination petition with current resume. The petition must be signed by fifteen Elders of federally recognized Tribes and notarized. If it is not signed by fifteen eligible individuals and **is not notarized, it will not be accepted.**
- Step 3: Submit this NICOA Board Membership Nomination form, NICOA Board of Directors Application Form, Current Resume, and the Board of Directors Nomination Petition Form, completed by a bonafide nominating organization, along with requested documentation and notarized, and pay the \$35 filing fee.
- Step 4: Mail all required forms and payment by **July 31, 2014** to NICOA, Attn: Executive Director, 10501 Montgomery Blvd. NE, Suite 210, Albuquerque, NM 87111. Checks, money orders, and cashier's checks are acceptable forms of payment. Cash will not be accepted. **DEADLINE for SUBMISSION: Postmarked by July 31, 2014**

ONLY Indian Elders aged 55 and over who are paid members of NICOA are eligible to vote and run for Board positions. Elections will be held in September 3, 2014 during the biennial conference. *No proxy or absentee Ballots are allowed.*

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

**ALL REQUIRED FORMS, FEE, AND SUPPORTING DOCUMENTATION MUST BE RECEIVED BY NICOA AND
POSTMARKED BY JULY 31, 2014.**



NICOA BOARD OF DIRECTORS APPLICATION FORM

**DEADLINE:
JULY 31, 2014**

Please check all that apply:

Sponsor: Federally-recognized Tribe **Must be:** Dues paying, Voting member of NICOA
 Urban Indian Organization
 Elder Council
 Other: _____

Name of Nominee: _____

NICOA Membership #: _____ CDIB#: _____

Tribe: _____

Occupation: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email: _____

Please include your resume that highlights your **experience in the field of Indian Aging, health or social services, whether personal or professional.**

Please prepare a complete written statement responding to the following questions:

1. What do you feel are the three most important issues facing American Indian and Alaska Native (AI/AN) Elders today?
2. Describe your experiences as an advocate within your community, your state, region, or on a national basis.
3. Describe your fundraising experience and what types of support and resources you could bring to NICOA.
4. Describe how you are connected to the Elders in the area you are seeking to represent. Provide detailed examples of the networking and outreach you have done previously within your area.
5. Are you available to travel and represent the organization within your area, at national meetings and before Congress in Washington, DC? Describe how you and/or the Tribe/organization sponsoring you will cover your travel costs associated with serving on the NICOA Board. Please list your sponsoring tribes and organizations.
6. What is your vision for the Nation Indian Council on Aging's continuing work with AI/AN Elders?

NOTE: NICOA Board Nomination Committee will review your complete packet and notify you if your nomination is accepted. If accepted, your resume will be provided to your designated caucus for vote. You will be asked to present your campaign speech before your caucus for vote.



Board of Directors Nomination Petition Form National Indian Council on Aging, Inc.

(Mail this form with the Board of Directors Application Form by **July 31, 2014**)

**DEADLINE:
JULY 31, 2014**

The undersigned Indian Individual ages 55 or over, dues paying Voting member of NICOA, residing in:
Region: _____

Tribal Community, Reservation, City, State or Community hereby nominates for membership to the National Indian Council on Aging Board of Directors:

Name _____ Tribe _____

Street Address _____ Telephone _____

City, State, Zip _____ Email _____

NAME	ADDRESS	TRIBE	C.D.I.B./Census #	AGE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Complete the Certification on the following Page



NICOA Board of Directors Nomination Petition Form Certification

**DEADLINE:
JULY 31, 2014**

The undersigned (resident of the area to be represented) certifies that the signatures on this petition are those of the required fifteen (15) individuals' named, all of whom reside in the area stated, are age 55 or older, and are members of a federally-recognized Tribe.

I, _____ am a dues paying Voting member of NICOA, 55 years of age or older, and enrolled in a federally recognized tribe.

STATEMENT OF NOTARY PUBLIC:

Signature of Certifying Individual (person circulating form)

Print or Type Name of Certifying Individual

Seal Here

Address (Street, City, PO Box, State and Zip code)

Telephone

Date

NOTE: The signature should be that of the person circulating the petition, which can attest that the individuals named did indeed affix their signatures and are residents of the area to be represented. Any interested Tribal member aged 55 or older may sign the petition.

Primary Organization or Tribe Sponsoring Nominee

Address, City, State, Zip Code

Mail the Board of Directors Application Form, Nomination Petition Form, Nomination Petition Form Certification, and \$35 Filing Fee by: **July 31, 2014**



Guidelines for Submission of Resolutions National Indian Council on Aging

A NICOA resolution is a statement adopted by its members to drive change. It indicates opposition or support for a change in government policy. It often requests money for programs, projects or to support policy specific to issues that impact American Indian and Alaska Natives Elders. NICOA works with the National Congress of American Indians* to present a political resolution.

The resolutions passed by the NICOA voting members cover a broad range of aging topics and are equally important for providing direction to the organization and serve as advocacy tools with policy makers.

- NICOA resolutions should include concise background information providing the reasoning for the position or action that you want NICOA to take.
- The resolution should address only one topic or issue. The resolution should be complete, so that when adopted it becomes a clear and formal expression of the NICOA Elders.
- NICOA resolutions should be aging related in nature to advocate for the interests of all American Indian and Alaska Native Elders. Resolutions that focus on regional, state or Tribal specific issues are not in order.
- A resolution endorsed by NICOA shall be the policy of NICOA until it is withdrawn or modified by subsequent resolution.
- Resolutions certified by NICOA are passed before a duly called biennial meeting of the National Indian Council on Aging membership at which a quorum is present.
- Each resolution must be submitted by a voting member of NICOA and must indicate the initiating individual or entity.
- The region submitting the resolution must select a NICOA voting member to introduce and defend the resolution before the resolutions committee and or before the voting members of the duly called biennial meeting of NICOA.
- (See sample resolution at www.nicoa.org).
- Resolutions must be submitted to the NICOA Executive Director 45 days before the NICOA Biennial meeting (**July 18, 2014**). Late resolutions submitted at the biennial meeting will not be accepted for consideration. The Resolutions committee must be provided sufficient time to review the resolutions to ensure that they are in order.

Resolutions must be submitted 45 days prior to the NICOA biennial meeting (**July 18, 2014**) of its membership.

Send to: Attention: Randella Bluehouse, Executive Director
National Indian Council on Aging
10501 Montgomery Blvd, NE, Suite 210
Albuquerque, NM 87111
Telephone: (505) 292-2001
Fax: (505) 292-1922
Email: rbluehouse@nicoa.org

*(NCAI) - Founded in 1944, the National Congress of American Indians (NCAI) is the oldest, largest, and most representative American Indian and Alaska Native organization serving the broad interests of tribal governments and communities.



RESOLUTION SUBMISSION FORM
National Indian Council on Aging
ONE TIME DEADLINE: JULY 18, 2014

RESOLUTION # _____

TITLE OF RESOLUTION:

SPONSOR OF RESOLUTION: _____

TRIBAL AFFILIATION: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CONTACT PERSON / REPRESENTATIVE: _____

(NICOA DUES PAYING VOTING MEMBER)

CELL PHONE CONTACT / OTHER: _____

The contact person/representative will be asked to attend, introduce and defend the resolution before the resolutions committee and or before the voting members of NICOA.

MAIL/EMAIL/FAX this form to:
NICOA BOARD AND RESOLUTIONS COMMITTEE:
National Indian Council on Aging
Attn: 2014 Conference
10501 Montgomery Blvd., NE, Suite 210
Albuquerque, NM 87111
Phone: (505) 292-2001 Fax: (505) 292-1922
Email: rbluehouse@nicoa.org

SUBMISSION DEADLINE: JULY 18, 2014



Veteran's Registration Form
National Indian Council on Aging
Veterans Honoring Luncheon
Thursday, September 4, 2014 – 12:00 Noon

Name (Please Print)

Your Region

Your Tribe

Branch of Service

Rank

When

Where You Served

PLEASE SUBMIT WITH REGISTRATION FORM
MEALS ARE FOR REGISTERED ATTENDEES ONLY—NO NON-REGISTERED GUESTS



Inter Tribal Fashion Show Registration Form
National Indian Council on Aging
Thursday, September 4, 2014 – 7:00 PM

Name (Please Print)

Your Region

Your Tribe

Information About Tribal Fashion

(More Information can be printed on other side)

MEALS ARE FOR REGISTERED ATTENDEES ONLY—NO NON-REGISTERED GUESTS

PLEASE SUBMIT WITH REGISTRATION FORM