

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

Non-Profit Org.  
US Postage  
**PAID**  
Albuquerque NM  
Permit No 1322

# National Indian Council on Aging

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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**

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](http://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](mailto: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](mailto: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](mailto: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)

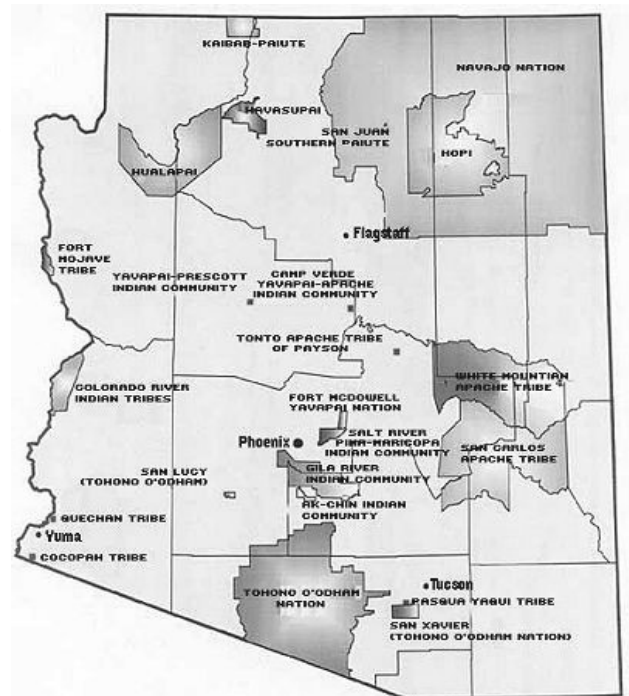
3400 E Sky Harbor Blvd, Phoenix, AZ 85034,  
Phone: (602) 273-3300, is located just 12 minutes, 7.6 miles from the Sheraton Phoenix Downtown. Service is offered by Southwest, US Airways, Delta, American, United, Alaska Airlines, Frontier, jet Blue, Spirit, Hawaiian, Sun Country, and Great Lakes airlines.

### 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 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 ascendancy 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](http://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](mailto: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](http://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  
Heath 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](http://www.nicoa.org)  
Email: [info@nicoa.org](mailto: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.



# 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](http://www.nicoa.org)

## 20<sup>th</sup> 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**

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](mailto:info@nicoa.org)**



**20<sup>th</sup> 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                |
|---|-----------------|--------------------------|
| <b>Voting Member</b> – Must be 55 and older; Enrolled member of a federally recognized tribe.   | <b>\$50</b>     | <input type="checkbox"/> |
| <b>Associate Member</b> – any person not eligible to be a voting member.  | <b>\$100</b>    | <input type="checkbox"/> |
| <b>Organization Associate Member</b> – Limited to 2 representatives from any organization or Tribal Enterprise/Organization–attach additional form for each person. | <b>\$300</b>    | <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 |
|--|---|--|---|-------------|
| <b>MEMBERSHIP TYPE</b>   | 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  |             |
| <b>ALL MEMBERS MUST PAY MEMBERSHIP DUES BEFORE REGISTERING. PAYMENT MUST ACCOMPANY THIS FORM</b> |   |  | <b>TOTAL</b>  | <b>\$</b>   |

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](mailto:Info@nicoa.org)

**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



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

## 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<br>[\$100 x _____] |                            |
| <b>Two Sessions are available on Wednesday, and Thursday; One Session on Friday</b> |   |                            |
| <b>Put an X in each box to indicate Session Choice</b>                              | <b>Wed., Sept 3</b>   | <b>Thur., Sept 4</b>       |
| 1 <sup>st</sup> Session 2:30-3:20 PM  | <input type="checkbox"/>  | <input type="checkbox"/>   |
| 2 <sup>nd</sup> Session 3:30-4:30 PM  | <input type="checkbox"/>  | <input type="checkbox"/>   |
|   |   | <b>TOTAL FEE ENCLOSED:</b> |
|   |   | \$ _____                   |

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 April 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

## 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 <b>PAYMENT</b> 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 <b>NOT TO REFUND</b> 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. | <b>Move-In/Set-Up:</b> | <b>10:00am – 8:00pm</b> | <b>Tue, Sept 2</b>   |
|  | <b>Exhibit Hours:</b>  | <b>7:00am – 8:00pm</b>  | <b>Wed, Sept 3</b>   |
|  | <b>Exhibit Hours:</b>  | <b>7:00am – 8:00pm</b>  | <b>Thurs, Sept 4</b> |
|  | <b>Exhibit Hours:</b>  | <b>7:00am – 8:00pm</b>  | <b>Fri, Sept 5</b>   |
|  | <b>Exhibit Hours:</b>  | <b>7:00am – 3:00pm</b>  | <b>Sat, Sept 6</b>   |
|  | <b>Move Out:</b>       | <b>3:00pm – 5:00pm</b>  | <b>Sat, Sept 6</b>   |

### 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

**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, 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)**

**Credit Card Payment Authorization Form**

**(A copy of your conference Registration, Exhibitor Contract, or Presenter Agreement MUST BE SUBMITTED with this form)**

**Authorization**

Please charge my credit card in the amount \$\_\_\_\_\_ for membership, registration, and/or sponsorship conference fees for participation in the 20<sup>th</sup> National Indian Council on Aging 2014 Biennial Conference.

Name of registration attendee (s): \_\_\_\_\_

**Note: If you are a Tribal Organization paying on behalf of several attendees, YOU MUST attach a copy of each individual registration form.**

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

Name (as it appears on credit card): \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite/Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**FOR INFORMATION CONTACT:**

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

There will be an additional processing charge of 3.6% of the total amount due for processing the payment using your credit card.

**Card Holder Information**

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

Credit Card#: \_\_\_\_\_

Security Code\*: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
 Month Year

\*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/Discover). 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

**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:

- 1) **Advocate for Elders Award** – A person that gallantly advocates for the wellbeing of AI/AN Elders.
- 2) **Title VI Director of the Year Award** – A Title VI Director that demonstrates superior leadership and innovation in service delivery to AI/AN Elders.
- 3) **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 May 1, 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

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](mailto:info@NICOA.org)

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

**- Seneca**

**Honoring our Elders Award Nomination Form**

**Deadline for Submission is May 1, 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: \_\_\_\_\_

# NICOA Honoring our Elders Award Nomination Process FAQs



## **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 **May 1, 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

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**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 received by mail will be accepted and payment 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](http://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:

|  |   |  |   |
|--|---|--|---|
| <b><u>Alaska Region</u></b><br>Alaska      | <b><u>Great Plains Region</u></b><br>North Dakota<br>South Dakota<br>Nebraska | <b><u>Midwest Region</u></b><br>Iowa<br>Michigan<br>Minnesota<br>Wisconsin<br>Illinois | <b><u>Southern Plains Region</u></b><br>Kansas<br>Western Oklahoma<br>Texas |
| <b><u>Pacific Region</u></b><br>California | <b><u>Rocky Mountain Region</u></b><br>Wyoming<br>Montana                     | <b><u>Southwest Region</u></b><br>Colorado<br>New Mexico                               | <b><u>Title VI Grantees Association</u></b><br>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 1, 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 1, 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 1, 2014.**



# NICOA BOARD OF DIRECTORS APPLICATION FORM

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.

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 Form Certification

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



## 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](http://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](mailto: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:

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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**

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**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)

**PLEASE SUBMIT WITH REGISTRATION FORM**