



Workshop Registration Form

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

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

***All Members and Mountain / Eagle Sponsors are given Complimentary Presentation space for a Workshop Presentation**

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 presenters 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	Thurs., Sept. 4	Fri, Sept. 5	Total Fee Enclosed	\$
1st Session 2:30-3:20 PM					
2nd Session 3:30-4:30 PM					

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:

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
Email: info@nicoa.org
NICOA's Federal ID Number: 86-0321646

WORKSHOP REGISTRATION FORM