



Workshop Registration Form

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

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

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

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

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

TITLE OF PRESENTATION: _____

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:

- Complete Registration Form(s) and Pay applicable Fee 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 the **deadline of August 1, 2016**.
- Please indicate if you will provide handouts [] YES [] NO

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

Workshop Tracks (Please select track(s))

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

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

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

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

MAIL / FAX / EMAIL ALL FORMS AND PAYMENT TO:

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

FOR INFORMATION CONTACT:

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 NICOA's Federal ID Number: 86-0321646