

REGISTRATION FORM

2018 Biennial Conference – Pechanga Resort & Casino
September 10-13, 2018 Temecula, CA

Early Bird Registration
Deadline April 30, 2018
Register NOW and you will be
entered in a drawing for a FREE
Upgrade to a Suite for your STAY
(Sept 10-13 only)

COMPLETE ONE FORM PER PERSON-All sections are required for registration

☐ NICOA Membership #: _____ ☐ Non-Member ☐ Tribal Leader and Title: _____

Name & Title: _____ Phone: _____

Tribe Name: _____ Band: _____

Home Address: _____ City: _____ State: _____

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

Check any of the following that apply and return additional forms with this form and payment:

- ☐ **Workshop Presenter** (please attach workshop form) ☐ **Plenary Session Speaker** (please attach a current biography)
☐ **Veteran** (please attach the veteran form) ☐ **Fashion Show Participant** (please attach fashion show information form)

Billing Tribe ☐ _____ Organization ☐ _____ Self ☐

Contact Name and Title: _____ Phone: _____ - _____ - _____

Billing Address: _____ City: _____ State: _____

Zip: _____ Email: _____

REGISTRATION FEES - All Members MUST PAY membership DUES before registering

Conference Attendee Membership Type	Early Bird Registration (Postmarked by 4/30/2018)	Regular Registration (Post marked between 5/1/2018 and 8/10/2018)	Late Registration fees (MUST pay on-site after 8/10/2018)	Total Cost
*If you are a caregiver , please print the Elder's name that you are with (one caregiver per Elder): _____				
*If you are an Elder who is bringing a caregiver, please print the caregivers name : _____				
Voting Member	\$200.00	\$225.00	\$250.00	
Associate Member or Caregiver	\$300.00	\$325.00	\$350.00	
Organization Member. One form per person.	\$400 LIMITED TO 2 INDIVIDUALS	\$425 LIMITED TO 2 INDIVIDUALS	\$450 LIMITED TO 2 INDIVIDUALS	
Non-Member	\$575.00	\$600.00	\$625.00	
ALL MEMBERS MUST PAY MEMBERSHIP DUES BEFORE REGISTERING. PAYMENT MUST ACCOMPANY THIS FORM			TOTAL	\$

☐ Make Check or Money Order Payable to NICOA and Mail this form along with payment to:

National Indian Council on Aging, Inc.
Attn: 2018 Conference (Cheryl J Archibald)
8500 Menaul Blvd. NE, Suite B-470
Albuquerque, NM 87112

NICOA USE ONLY:	Membership #: _____	Growth Zone DBS Entry: _____
Rec'd by: _____	Individual: _____ Group: _____	
Date: _____	Group Name: _____	
To Finance: _____	Date: _____	

2018 NICOA Conference on Aging – September 10-13, 2018 – Temecula, CA

Registration Form 2016-2018

1. If you are registering as a NICOA member (Voting, Associate, or Organization) check the box. If you are a tribal leader, please list your title. If you received a Membership Card this year, this will have your Membership number on it, if not just check the box and leave it blank, we will add it when we process the registration form.
2. Fill out your personal name, title, phone, home address (or the address you receive your mail) city, state, zip code, fax (if available), and email (please provide this it is much quicker to send out information.)
3. Check any of the boxes that apply to you:
 - i. Plenary Session Speaker, attach a copy of your bio for the program
 - ii. Workshop Presenter, attach the workshop form
 - iii. Veteran, attach the veteran information form for the honoring luncheon
 - iv. Fashion Show participant, attach the fashion show participant form with description.
4. This is the billing section, Check the box that best describes where the payment is coming from. If you are a tribe, or organization please fill out the contact information for your tribe or organization. If you are paying for yourself, check the “Self” box and continue to the next section.
5. Registration Fees: All Members MUST PAY MEMBERSHIP DUES either before they register or at the time of registration. Fax or email copies of the forms DOES NOT register you for the conference. You are only registered once payment has been received.
6. Conference Attendee Membership Type: this was determined on the membership form. If you are an Elder that is bringing a caregiver or someone that is assigned to help you, they can now come as an Caregiver at the Associate Member pricing, without having to purchase an Associate Membership.
7. If you are a caregiver or someone helping the Elder, you will need to fill out the Registration form, and write the Elder’s name on the first row under Registration Fees. We only allow ONE CAREGIVER PER ELDER at the Associate Member Registration Fee. The caregiver will need to attach their form to the Elder they are coming with. The Elder needs to write the name of the Caregiver on their form in the first row of the registration fee’s section.
8. Write the dollar amount of your registration fee in the last column of the Registration Fee’s section.
9. Mail the Registration form and ALL additional forms to:

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Attn: 2018 Conference
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Albuquerque, NM 87112