



# Workshop Registration Form

2020 American Indian Aging Conference

August 17-20, 2020

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

**\*All Presenters MUST be Registered to Attend the Conference** (NICOA Membership Number)

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**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>
3:00-3:45pm	4:00-4:45pm	1:00-1:45pm	2:00-2:45pm	3:00-3:45pm	4:00-4:45pm	9:45-10:30 am	10:45-11:30 am

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 events and meals offered at the conference.

**TITLE OF PRESENTATION:** \_\_\_\_\_

*(If you need more space please use the back of this form)*

**PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:**

- Complete Registration Form(s) and Pay Applicable Fees
- 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 February 1, 2020** to be included in the program
- 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 150 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))

**Elder Information:** 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,

**Service Providers/Caregiver:** Nutrition, Transportation, Elder Abuse Program, Legal Support, Title VI Grantee Services, Title III State Services, Social Security, Employment & Training (SCSEP), Retirement Planning, Financial Management, Housing

**Research: Other:** \_\_\_\_\_

**Policy/Advocacy:** Older Americans Act, Administration for 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: 2020 Conference  
8500 Menaul Blvd. NE, Suite B-470  
Albuquerque, NM 87112-2284

**FOR INFORMATION CONTACT:**

Cheryl Archibald, Executive Assistant  
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NICOA's Federal ID Number: 86-0321646