

# Workshop Proposal Form

2021 American Indian Elders Conference, August 1-6, 2021

Check all boxes that apply - **All Presenters MUST be Registered** to Attend the Conference

**Attendee**    **Prior Presenter**    **Sponsor**    **Other** \_\_\_\_\_

**Name/Title of Presenter-1 (Primary Contact):** \_\_\_\_\_

**Organization/Tribe:** \_\_\_\_\_

**Name/Title of Presenter-2:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Because NICOA conferences are produced at cost, **presenters are responsible for their own travel, and hotel accommodations**. If your proposal is accepted, Registration Form(s) and applicable fees must be paid by June 30, 2021. We will follow up with specific details about registration, etc. after you are selected. Email is the preferred method of submitting your proposal. If that is not an option, call Cheryl Archibald at (505) 292-2001 for further information.

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

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

1. A brief description of your proposed presentation (no more than 150 words)
2. A brief biography (150 words) and photo by **June 30, 2021** to be included in the program
3. Please indicate the following: **Do you need a laptop?**  YES  NO
4. Do you need a flip chart/markers?  YES  NO
5. Will you provide handouts?  YES, if so be sure to bring at least 150 copies  
 NO, can you send me a copy of your presentation?

**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, Medication Management, etc.
- Service Providers/Caregivers:** Nutrition, Transportation, Elder Abuse, Legal Support, Title VI Grantee Services, Title III State Services, Social Security, Employment & Training (SCSEP), Retirement Planning, Financial Management, Housing, etc.
- Research:** Alzheimer's Disease, Dementia, Diabetes, Heart Disease, etc. (American Indian research)
- Policy/Advocacy:** Older Americans Act, Administration for Community Living, Affordable Care Act, Indian Health Services, Veterans Administration, Medicare/Medicaid Policy, How to Advocate, etc.
- Other:** If your workshop doesn't fit into one of the above categories, send it anyway. We would like to have a diverse group of workshops. Ex: Tia Chi, Yoga, Chair exercising, craft demonstrations

**FOR INFORMATION CONTACT:**

Cheryl J. Archibald, Executive Assistant  
Email : [carchibald@nicoa.org](mailto:carchibald@nicoa.org)  
Phone: (505) 292-1000      Fax: (505) 292-1922

**EMAIL / MAIL / FAX ALL PROPOSALS TO:**

National Indian Council on Aging, Inc.  
8500 Menaul Blvd. NE, Suite B-470  
Albuquerque, NM 87112