



NICOA's Mission: To advocate for improved comprehensive health, social services, and economic wellbeing of American Indian and Alaska Native Elders.

2018 NICOA Conference on Aging

September 10-13, 2018

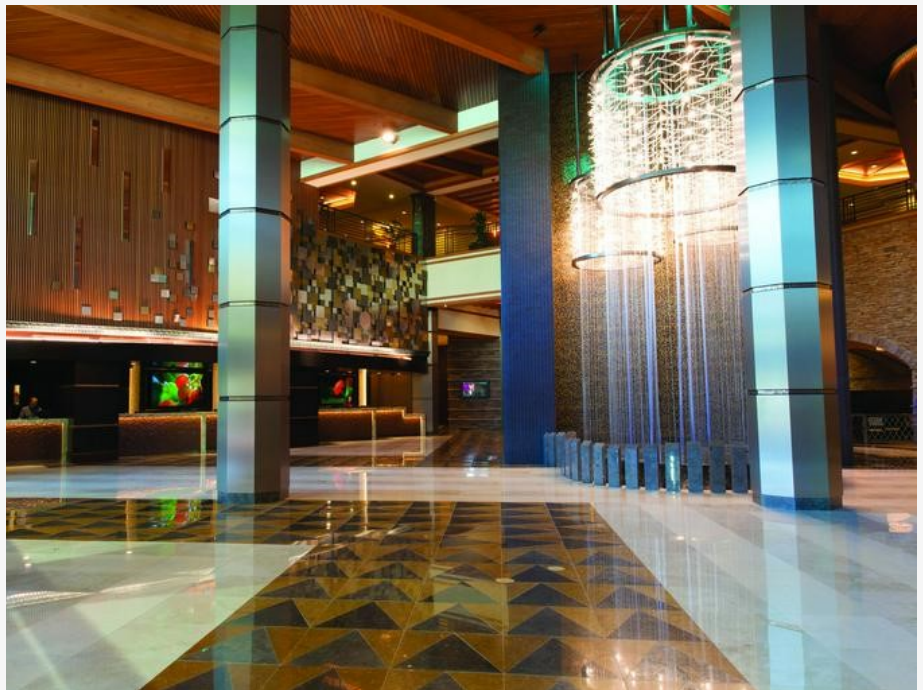
The Pechanga Resort & Casino

45000 Pechanga Parkway

Temecula, CA 92592

In this packet you will find:

- * Membership Process
- * Membership Form
- * Registration Process
- * Registration Form
- * Transportation
- * Lodging Accommodations
- * Preliminary Agenda
- * Workshop Form
- * Exhibitor Form
- * Silent Auction & Give-Away
Items Donation
- * Vacant Board Positions
- * Resolution Procedure
- * Honoring Our Elders Nomination Form
- * Veterans & Fashion Show Registration form



*More information and forms can be found on the NICOA website at www.nicoa.org or by calling (505) 292-2001

1 - Membership and 2 - Registration Process

Membership and Registration are on TWO separate forms now. You will need to fill out a Membership form, and a Registration form. You can pay for these together or you can pay separately.

1 - Membership Form 2016-2018 *(effective October 1, 2016 thru September 30, 2018)*

Fill out the **2016-2018 Membership** Form: Determine what kind of membership you qualify for check the box under the type of member you are, Voting, Associate, or Organization (if you are an Organization member please let us know if you are a Voting or Associate member.) This allows for two people from the organization, each must fill out a separate form.

Fill out your **personal information**, we will not share this with anyone, it is just for our records. Name, address, city, state, zip code, phone number, and email. We use email because it is a lot cheaper than regular mail and you can receive information faster. We will not send you junk mail.

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.

This section is for **VOTING MEMBERS ONLY** – a qualified voting member is *"any Indian 55 years of age or older who is an enrolled member of an Indian Tribe, Band, or Combination of Bands and Tribes, recognized by the US Department of Interior"*. Please attach a current copy of your CIB card. If your CIB card is not available you **MUST** have your tribes authorized enrollment official complete this section. In addition to copying your CIB, please write in the Date of Birth and Tribal Enrollment Number on the form, to ensure that it is legible. When we receive copies of CIB cards and they are not legible it slows down the registration process.

Check the "Membership Type" box next to the dollar amount of membership. If it is for an organization membership there should be two forms for one for each individual. Mail this form with payment (Please **DO NOT SEND CASH**) to:

National Indian Council on Aging, Inc.
Attn: 2018 Conference
8500 Menaul Blvd. NE, Ste. B470
Albuquerque, NM 87112
NICOA's Tax ID Number: 86-0321646

**BECOME A NICOA
MEMBER TODAY!**
*and receive reduced registration fees
plus our quarterly newsletter.*

ON-LINE Registration Available SOON!
www.nicoa.org/registration



2 Year Membership Dues

October 1, 2016-September 30, 2018

Three (3) Types of Memberships – Check the appropriate box

- | | | |
|---|--|---|
| 1. Voting Member
\$100 <input type="checkbox"/> | 2. Associate Member (non-voting)
\$200 | 3. Organization Associate Member
\$400 (2 individuals) <input type="checkbox"/> |
|---|--|---|

Individual (Personal) Membership Information (Please print or type clearly) (one person per form)

Name: _____

Personal Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Email Address: _____

Note: This is **your personal membership**, please provide **personal** contact information so that we can update you about NICOA.

Billing Tribe ☐ _____ Organization ☐ _____ Self ☐

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

Billing Address: _____ City: _____ State: _____

Zip: _____ Email: _____

VOTING MEMBERS ONLY – Complete this section or send copy of CDIB/proof of enrollment:

A qualified voting member is "any Indian 55 years of age or older who is an enrolled member of an Indian Tribe, Band, or Combination of Bands and Tribes, recognized by the United States Department of the Interior". **PLEASE ATTACH A COPY OF PROOF OF TRIBAL ENROLLMENT OR CDIB CARD. IF YOUR CDIB CARD IS NOT AVAILABLE-YOU MUST HAVE YOUR TRIBE'S AUTHORIZED ENROLLMENT OFFICIAL ATTEST TO THE FOLLOWING.**

I hereby attest that (print name) _____ is a member of the (Tribe) _____.

_____ of (State) _____ CDIB/Enrollment No _____

Date of Birth ____ / ____ / ____ Certified By (print name) _____ Title: _____

Certified By (signature) _____ Date: _____ Tribe: _____

Phone number: _____ Email: _____

Membership Type – Please check the appropriate box	Membership Dues	CHECK ONE
1. Voting Member – Must be 55 and older; Enrolled member of a federally recognized tribe.	\$100	<input type="checkbox"/>
2. Associate Member – any person not eligible to be a voting member.	\$200	<input type="checkbox"/>
3. Organization Associate Member – (Limited to 2 individual memberships)-Any organization, member can be either Voting or Non-Voting Associate member (must be specified on registration form), one form per person – attach additional form for 2 nd person along with payment.	\$400 (\$200 each)	<input type="checkbox"/>

☐ Check/Money Order (NO CASH PLEASE)

Make check or money order payable to: NICOA

Please mail this form along with payment to:

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

NICOA USE ONLY:

Rec'd by: _____

To Finance: _____

Membership #: _____ individual: _____ Group: _____

Date: _____ Growth Zone: _____

Pd by: _____ Amount: _____

2 - Registration Process

2 - Registration Form - 2018 NICOA Conference on Aging

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.

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).

Check any of the boxes that apply to you:

- * Plenary Session Speaker, attach a copy of your bio for the program
- * Workshop Presenter, attach the workshop form
- * Veteran, attach the Veteran information form for the honoring luncheon
- * Fashion Show participant, attach the fashion show participant form with description

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.

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.

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.

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. Write the dollar amount of your registration fee in the last column of the Registration Fee's section.

Payment must accompany Registration Forms CHECK ONLY — (no cash or purchase orders). Late registration will begin August 10, 2018. **LATE REGISTRATION FEES MUST BE PAID ON-SITE AT THE CONFERENCE** on September 9 or 10, 2018. **An extra fee of \$25 will apply. Late registrations are not guaranteed a program, conference bag, or meals.**

Mail the Registration form and ALL additional forms to:

National Indian Council on Aging, Inc.
Attn: 2018 Conference
8500 Menaul Blvd. NE, Suite B-470
Albuquerque, NM 87112
NICOA's Tax ID Number: 86-0321646

REGISTRATION FORM

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

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: _____

Group Name: _____

Finance: _____



Inter-Tribal Fashion Show Registration Form

Thursday, September 13, 2018

Name (Please Print)

Your Region

Your Tribe

Information about your Tribal Fashion _____

(More information can be printed on reverse side)

PLEASE SUBMIT WITH REGISTRATION FORM



Veterans Honoring Luncheon Registration Form

Tuesday, September 11, 2018

Name (Please Print)

Your Region

Your Tribe

Branch of Service

Rank

When

Where You Served

Registrants of the NICOA Conference agree to allow NICOA and its official photographer and/or videographer to photograph or videotape them in the context of the Biennial Conference setting. Footage captured by the official NICOA photographer/videographer may be used in future print and electronic promotional and archival materials.

**PLEASE SUBMIT WITH REGISTRATION FORM
(If you need more space, please write on reverse side)**

Transportation



Air Transportation

Temecula CA is serviced by three airports: San Diego International Airport; Ontario, CA; and John Wayne, CA.

- * Ontario International Airport (ONT)—53 miles, about an hours drive (1 hour)
- * San Diego International Airport (SAN)—61 miles, about an hour and 15 minutes (1 1/4 hours)
- * John Wayne Airport (SNA)—66 miles, about an hour and a half (1 1/2 hours)

Transportation from the Airport to Temecula

Temecula Air Shuttle and SuperShuttle can be booked online.

- * **Temecula Air Shuttle:**
Ezra Wery, admin@temeculaairshuttle.com
858-232-4811
- * **SuperShuttle:**
Jessica Perkins, jperkins@supershuttle.com
619-564-7949
- * **On Site Taxi (ITA)**
\$70 for up to 5 passengers per vehicle.
(gratuity not included). US currency or credit cards accepted. No reservations required. Location: Arrivals level, Crosswalk 3.



When visiting Temecula Valley, you will be amazed by all of the fun things to do. We're known for our award-winning wineries, but there's so much more. No matter the season, you'll find a variety of events and activities.

Please note: ONLY REGISTERED ATTENDEES for the NICOA Conference CAN ATTEND the Honoring Elders Luncheon, the Spiritual Breakfast Event, and the Cultural Dinner Celebration. Due to limited seating, meals are restricted to registered conference attendees only.



Registrants of the NICOA Biennial Conference agree to allow NICOA and its official photographer and/or videographer to photograph or videotape them in the context of the Biennial Conference setting. Footage captured by the official NICOA photographer/videographer may be used in future print and electronic promotional and archival materials.

Lodging and Sleeping Accommodations

Attendees must arrange their own lodging. NICOA has secured special pricing at the Pechanga Resort & Casino. To reserve a room at the special block rate, inform the hotel staff that you are with the **National Indian Council on Aging or NICOA Conference** when calling. Please make arrangements with the hotel directly for Special Accommodations for ADA accessible rooms.



Pechanga Resort & Casino, 45000 Pechanga Parkway, Temecula, CA 92592

Special group rate is \$169 + taxes. We have established a personalized website for Guests to learn more about the event and to book, modify, or cancel a reservation from March 30 through August 9, 2018. Type this link or, copy and paste the link <http://tiny.cc/NICOA18Room> into your internet browser. The booking code is 1387135. Attendees can also call one of our reservation desk to set up a

reservation at 1-888-732-4264 or (951) 770-2451 and refer to the National Indian Council on Aging (NICOA) discounted room rate of \$169.00 + taxes/fees (currently 12%) per night. This rate is available for up to 4 people per room.

RESERVATIONS MUST BE MADE NO LATER THAN AUGUST 9, 2018
TO RECEIVE THE DISCOUNTED RATE

Parking: Pechanga Resort & Casino has complimentary Valet Parking (based on availability) and free parking for buses. There are no resort fees, and all guest rooms have complimentary wireless internet, and access to the health club.

Refund policy: No refunds or transfers of membership dues. No refunds for registrations.

You may substitute someone in your place for the conference registration fee only, without additional fees until August 3, 2018. The substitute **MUST pay membership dues. Membership dues are not transferrable.**

Conference substitutions must be requested in writing via email prior to August 3, 2018 for consideration email carchibald@nicoa.org. Organizations and individuals will be expected to pay even if the individual does not attend.

All funds from the conference will be applied to conference expenses and to advance the mission of NICOA.

Preliminary Agenda (Some Details May change)

Tentative 2018 Conference Agenda



The conference will **begin at 1:00 PM on Monday, September 10, 2018** and we will **conclude** with the **Cultural Dinner on Thursday, September 13, 2018 from 5:30 – 9:00PM**. Please make your reservations accordingly.

Daily Activities - Monday thru Thursday

Morning Prayer / Walk / Fitness Activity / Exhibitors / Vendors /
Daily Give-A-ways / Drawings / Silent Auction / Elder Computer Lab

Sunday, September 9, 2018

1:00 PM - 7:00 PM Early Registration / Vendor Set-up
7:30 PM Dinner (on your own)

Monday, September 10, 2018 – All Meals on your own

7:00 AM – 12:00 PM **Registration open**
12:00 PM – 1:00 PM Lunch – on your own
1:00 PM – 5:00 PM Opening General Assembly – Welcome Remarks
5:30 PM Dinner on your own

Tuesday, September 11, 2018

7:00 AM – 8:00 AM Breakfast on your own
8:00 AM - 12:00 PM Plenary Session *TBD*
12:00 PM - 2:30 PM Veterans Honoring Lunch
2:45 PM – 5:00 PM NICOA Voting Sessions (NICOA Voting Members only) & Workshops
2:45 PM – 5:00 PM Concurrent Workshop Sessions – Non-voting members & Non-Members
5:30 PM Dinner (on your own) or Evening Event *TBD*

Wednesday, September 12, 2018

8:30 AM – 10:00 AM Indian Elders Breakfast
10:15 AM – 12:00 PM Plenary Session
1:00 PM – 5:00 PM Concurrent Workshops – Open to all attendees
5:30 PM Dinner (on your own) or Evening Event *TBD*

Thursday, September 13, 2016

7:00 AM – 8:00 AM Breakfast on your own
8:00 AM - 9:30 AM Plenary Session *TBD*
9:45 AM – 12:00 PM NICOA Voting Session – Voting Members Only
9:45 AM – 12:00 PM Concurrent Workshops – Non- Voting Members
12:00 PM – 1:00 PM Lunch on your own
1:00 PM – 2:30 PM Final Plenary Session *TBD*
2:45 PM – 4:30 PM Tribal Fashion Show
5:00 PM Cultural Dinner

Board Nominations

Voting Members of NICOA: Eligible voting members paying renewal or new membership dues are entitled to the following benefits:

1. receive reduced registration fees;
2. participate in their regional caucus session
3. vote to fill a terming out NICOA board position in your region;
4. run for a terming out or vacant NICOA board position;
5. vote on changes to the NICOA by-laws
6. propose resolutions from your area that NICOA will advocate for in the coming year;
7. receive quarterly NICOA Newsletters on issues relevant to aging in Indian Country, and
8. **become advocates with NICOA to fulfill our mission** (see cover)

In addition, please complete the needs assessment that will be provided. It allows us to determine the program needs of our Elders.

6 Board Positions Terming Out and Up for Vote (position term (2018—2022):

Great Plains Region	Alaska Region
Southwest Region	Midwest Region
Southern Plains Region	Pacific Region

Vacant Board Positions:

Rocky Mountain Region (MT & WY)
(term 2016-2020)

National Association Title VI Grantees
(This representative to the Board shall be seated as a Board member upon his/her ascendancy to the Chairmanship of the National Association of Title VI Grantees)

PLEASE SUBMIT A BOARD NOMINATION PACKET FOR THE ABOVE POSITIONS

Board Nomination Packet available at: <http://nicoa.org/biennial-conference>

Non-Voting Associate Members and Organization Associate Members: Non-voting members paying minimum dues shall be entitled to receive reduced registration fees. Receive reports and materials from the conference along with quarterly NICOA Newsletters on issues relevant to aging in Indian Country. (Organization Associate Members limited to 2 individual representatives only)

BECOME A NICOA MEMBER TODAY
Registering for the conference as an
Associate Member instead of a
Non-Member saves you \$100

Resolution Submission and Bylaws

Resolutions Submission Guideline is available on NICOA website at www.nicoa.org. Must be submitted 45 days prior to the conference.

July 9, 2018 DEADLINE

Bylaws are available on the NICOA website at www.nicoa.org

Registrants of the NICOA Biennial Conference agree to allow NICOA and its official photographer and/or videographer to photograph or videotape them in the context of the Biennial Conference setting. Footage captured by the official NICOA photographer/videographer may be used in future print and electronic promotional and archival materials.

Workshops

Seeking Workshop Presenters & Speakers on the Following topics:

- * Transportation
- * Social Security
- * Caregiver Programs
- * Medicare/Medicaid
- * Elder Abuse Prevention
- * Community Based Services
- * Technology / Computer Lab / Smartphones
- * Senior Housing and Senior Living Programs
- * Traditional Methods to Health and Wellness
- * Estate Planning
- * Falls Prevention
- * Affordable Care Act
- * Nutrition and Fitness
- * Long Term Care Planning
- * Older Americans Act -Title VI and Title V Services.
- * Senior Community Service & Employment Training Program (SCSEP)
- * Chronic Disease Prevention and Health Promotion
- * Health Care Screening and Medications Management

OPEN TO OTHER PRESENTATIONS NOT LISTED, Send us your proposal
Outside surveys and focus groups are not permitted

Exhibit Hall & Volunteers

Daily Activities - Monday thru Thursday

Morning Prayer / Walk / Fitness Activity / Exhibitors / Vendors /
 Daily Give-A-ways / Drawings / Silent Auction / Elder Computer Lab

EXHIBITOR SCHEDULE		
Move-In/Set-Up:	12:00pm – 5:00pm	Sun, Sept 09
Exhibit Hours:	10:00am – 8:00pm	Mon, Sept 10
Exhibit Hours:	8:00am – 8:00pm	Tue, Sept 11
Exhibit Hours:	8:00am – 5:00pm	Wed, Sept 12
Exhibit Hours: Move Out:	8:00am – 5:00pm 5:00pm – 8:00pm	Thu, Sept 13 Thu, Sept 13

NICOA NEEDS YOUR HELP
Enjoy working with Elders?
Are you organized or like to write?

We need help before and during the conference. Stuffing conference bags, assisting with registration, assist taking notes during the regional caucus meetings, monitoring the silent auction, and exhibit hall, and more! Contact Cheryl Archibald for more information at:

(505) 292-2001 or email carchibald@nicoa.org

September 10-13, 2018
Silent Auction Fundraiser
In the Exhibit Hall
NICOA's largest fundraising
event this year!

Help us with a donation—Visit NICOA website for more information. Help support our mission to serve Older Indians.



Workshop Registration Form

2018 BIENNIAL CONFERENCE, SEPTEMBER 10-13, 2018

Pechanga Resort & Casino, Temecula, CA

(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							
Tuesday, 9/11		Wednesday, 9/12				Thursday, 9/13	
A	B	C	D	E	F	G	H
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 August 10, 2018** 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))

☐ **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 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: 2018 NICOA Conference
8500 Menaul Blvd. NE, Suite B-470
Albuquerque, NM 87112-2284

FOR INFORMATION CONTACT:

Cheryl Archibald, Executive Assistant
Phone: (505) 292-2001 Fax: (505) 292-1922
Email: carchibald@nicoa.org
NICOA's Federal ID Number: 86-0321646

Exhibitor Contract/Registration Form

2018 CONFERENCE ON AGING SEPTEMBER 10-13, 2018

Pechanga Resort & Casino

EXHIBITOR INFORMATION

PLEASE TYPE OR PRINT CLEARLY

Contact Person: _____ Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Badge Name 1: _____ Badge Name 2: _____

(We must have names when you submit contract)

Address: _____ City: _____ State: _____

Zip: _____ Tribe/Organization: _____

Email: _____

COVENANT

Acceptance of the application constitutes a contract to use the space assigned by the National Indian Council on Aging, Inc. (NICOA). NICOA retains the right to assign and/or change exhibit locations for unavoidable problems due to circumstances beyond the control of the parties involved. NICOA reserves the right to refuse exhibit space to any applicants whose exhibit is deemed not to be in the best interest of the Organization. The Exhibitor indemnifies and agrees to hold harmless NICOA and the Pechanga Resort & Casino, their officers, directors, employees, and agents from and against any actions, losses, costs, damages, claims, and expenses (including attorney's fees) arising from any damage to property or bodily injury to Exhibitor, his/her agents, representatives, employees by reason of the Exhibitor's occupancy or use of exhibition facilities. Exhibitor agrees not to deface or damage the Pechanga Resort & Casino property. In accordance with these rules and regulations governing exhibits for the 2018 Conference, September 10-13, 2018, the undersigned makes application for exhibit space and encloses the full fee for each space requested. Sale of food items is prohibited.

SIGNATURE: _____ DATE: _____

PLEASE NOTE	EXHIBITOR SCHEDULE		
When signed Exhibitor Contract and PAYMENT is received, you will receive your packet from NICOA's Conference Coordinator. This packet will include information and additional costs for shipping, ordering of electricity, etc. Convention expenses are used to defray NICOA's operating costs. Therefore, it is NICOA's policy NOT TO REFUND Exhibitor Contract fees for any reason including cancellation. Do not mail forms after August 31, 2018. Faxed copies of form and/or payment do not constitute payment. You will receive a confirmation of registration by email.	Move-In/Set-Up:	12:00pm – 5:00pm	Sun, Sept 09
	Exhibit Hours:	10:00am – 8:00pm	Mon, Sept 10
	Exhibit Hours:	8:00am – 8:00pm	Tue, Sept 11
	Exhibit Hours:	8:00am – 5:00pm	Wed, Sept 12
	Exhibit Hours: Move Out:	8:00am – 5:00pm 5:00pm – 8:00pm	Thu, Sept 13 Thu, Sept 13

PLEASE CHECK EXHIBITOR CATEGORY

- ☐ \$400 American Indian Artisans & Merchants
 ☐ \$700 Non-Profit Organization
☐ \$800 Government / Federal Agency / Tribal Government
 ☐ \$1,000 Corporate / For Profit Entities

Exhibitor registration fee includes use of one exhibit sign, a 10 x 10 area, a table, two chairs, and two conference registrations providing access to any activities or meals furnished on site for the two (2) designated people exhibiting. Please consider donating an item of \$25 or more to our Silent Auction.

WHERE TO SEND THIS FORM AND PAYMENT BEFORE DEADLINE OF AUGUST 1, 2018

PLEASE SEND FORM AND PAYMENT TO:

FAX or EMAIL Exhibitor Form and Credit Card Form

carchibald@nicoa.org

National Indian Council on Aging, Inc.

Attn: 2016 NICOA Conference

8500 Menaul Blvd. NE, Suite B470

Albuquerque, NM 87112

FOR INFORMATION CONTACT:

Cheryl Archibald

Phone: (505) 292-2001

Fax: (505) 292-2001

Email: carchibald@nicoa.org

Received by: _____ Date: _____ Payment Received: \$ _____

Special Events—Volunteers

- * **Visit the Exhibit Hall**

Enjoy vendors, fitness & exercise classes, health fair, sessions, computer learning lab, rest areas Monday through Thursday 8:00 a.m. to 8:00 p.m.

- * **Silent Auction Fundraiser**

This will be NICOA's largest fundraising event this year! Help us with a donation for daily giveaways and silent auction. Visit <http://nicoa.org/biennial-conference>

- * **Awards**

Nominate those who do outstanding work with our Elders! Awards will be given for Elder Advocate, Caregiver, and Title VI Director of the Year. Refer to 'Honoring Our Elders' Awards below.

Honoring Our Elders Award

Do you know someone who exemplifies the highest level of commitment and support to American Indian and Alaska Native (AI/AN) Elders?

NICOA is accepting nominations for three categories of awards:

- * **Advocate for Elders Award** – A person that gallantly advocates for the wellbeing of AI/AN Elders.
- * **Title VI Director of the Year Award** – A Title VI Director that demonstrates superior leadership and innovation in service delivery to AI/AN Elders.
- * **Caregiver Award** – An outstanding caregiver that provides care to an AI/AN Elder(s) or is an Elder Caregiver providing care to AI/ANs.

What are the guidelines to be nominated for the Honoring Our Elders Award?

We classify our Honoring Our Elders Award winners as those candidates who are nominated by a NICOA dues paying member.

How do I nominate someone for an Honoring Our Elders Award?

Simply complete the Honoring Our Elders Award Nomination Form and submit it, along with a written summary (500 words) explaining why you think your nominee should be recognized, and the names and phone numbers of people to contact regarding your nominee's activities.

How are Honoring Our Elders Award recipients honored?

Recipients are invited to a special ceremony held on September 15, 2016 where they are honored for their acts of caring. We present to each winner a beautiful award to display and a framed certificate. Recipients are also profiled in the NICOA Quarterly Newsletter and NICOA website.

For a nomination packet and additional info go to <http://nicoa.org/biennial-conference>

DEADLINE for nominations is July 31, 2018

NOMINATE THAT EXTRAORDINARY SOMEONE TODAY!



Honoring Our Elders Award Nomination Form

Let him that would move the world, first move himself.
- Seneca

Simply fill in the nomination form below, complete the 500 word summary, two (2) letters of recommendation and all supporting documentation, please send by email, fax or mail to:

Honoring our Elders Award

Attn: 2016 NICOA Conference
8500 Menaul Blvd. NE , Suite B470
Albuquerque, NM 87112
Phone: 505/202-2001 Fax: 505/292-1922
Email: info@NICOA.org, or carchibald@nicoa.org

Categories (Select one):

1. Advocate for Elders Award
2. Title VI Director of the Year Award
3. Caregiver Award

Honoring our Elders Award Nomination Form
Deadline for Submission is July 31, 2018

NOMINEE INFORMATION:

Category (choose a number from above 1, 2, 3): _____ Date: _____

Nominee's name: _____

Organization/Tribe (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ Website: _____

E-mail address: _____

NOMINATOR INFORMATION:

Nominator's name and title: _____

I attest that I am a current dues paying member of NICOA. I am eligible to submit this nomination.

Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

E-mail address: _____

Silent Auction/Give-Away Items Donation Form

22nd BIENNIAL NICOA CONFERENCE SEPTEMBER 10-13, 2018

Please check the appropriate box for your donation: Silent Auction ☐ Give-Away Item ☐

1. CONTACT INFORMATION (PLEASE PRINT OR TYPE CLEARLY)

Donor: _____

Contact Person: _____

Organization /Tribe: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

2. DONATED ITEM (PLEASE COMPLETE – ONE FORM FOR EACH ITEM)

Name of Item Donated: _____

Manufacturer: _____ Model #: _____ Minimum Bid Value: _____

Complete Description* of Item: _____

**If your item contains multiple services or products, please give details in your description. Please complete a separate form for each donated item.*

3. SERVICE OR GIFT CERTIFICATE INFORMATION REQUIREMENTS

When donating gift certificates, please include the following in the certificate or letter:

Name of product or service

Description of what is included in the service and what is excluded from the service

Name of person to contact for further information

Name, address and full contact information for your company

Instructions on how to use the item

Include any additional information such as a photo or description brochure as appropriate

Date of Expiration

4. SHIPPING OPTIONS (PLEASE CHECK ONE)

☐ I or a company representative will deliver or ship the above item(s) **to arrive by September 4, 2018 to:**

**Randella Bluehouse, National Indian Council on Aging, 2018-9-9 to 2018-9-14 C/O Pechanga Resort & Casino,
Attn: Scott Wilson, 45000 Pechanga Parkway, Temecula, CA 92592**

☐ If the above is not possible I will contact Cheryl J Archibald by **August 17, 2018** to make alternate arrangements.

Thank you for your generous donation

PLEASE FAX COMPLETED FORM TO 505-292-1922 OR EMAIL TO carchibald@nicoa.org

WE NEED YOUR HELP



NICOA needs your help so we can continue to be an important voice for American Indian and Alaska Native Elders. You can support NICOA by donating to and sharing our [GoFundMe](#) campaign, and by adding us as your preferred non-profit on [AmazonSmile](#) and asking your friends and family to do the same.

NICOA's Biennial Conference on Aging in Indian Country is September 10-13, 2018 in Temecula, CA. For conference updates go to <https://nicoa.org/biennial-conference/>

As a member you will gain a better understanding of how national policies impact services to Elders. You will also learn how you can become a well-informed advocate for Elder services in your community.

Registrants of the NICOA Biennial Conference agree to allow NICOA and its official photographer and/or videographer to photograph or videotape them in the context of the Biennial Conference setting. Footage captured by the official NICOA photographer/videographer may be used in future print and electronic promotional and archival materials.

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

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