



NATIONAL INDIAN COUNCIL ON AGING, INC.
 2010 BIENNIAL CONFERENCE, SEPTEMBER 25 – 28, 2010
 RESORT CONFERENCE TELEPHONE NUMBER 800-968-7352

*AGING IN INDIAN COUNTRY:
 EMBRACING THE PAST AND FACING THE FUTURE*
 GRAND TRAVERSE RESORT & SPA, ACME, MICHIGAN

PRESENTER CONTRACT

PRESENTER INFORMATION

Name/Title of Presenter(s): _____ / _____
 Tribe/Organization: _____ / _____
 Primary Contact: _____
 Address: _____ City/State/Zip: _____ / _____ / _____
 Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____ Email Address: _____ @ _____

CONFERENCE TRACKS

- | <u>Long Term Care</u> | <u>Health/Wellness</u> | <u>Health/Wellness</u> | <u>Policy/Advocacy</u> |
|--|--|--|---|
| <input type="checkbox"/> Best Practices | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing/Vision Care | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Caregiver Support | <input type="checkbox"/> Medicare/Medicaid | <input type="checkbox"/> Falls Prevention | <input type="checkbox"/> Older Americans Act |
| <input type="checkbox"/> Family Support | <input type="checkbox"/> Exercise/Fitness/Nutrition | <input type="checkbox"/> Elder Abuse | <input type="checkbox"/> How to Advocate |
| <input type="checkbox"/> Long Term Care Resource Development | <input type="checkbox"/> Cardiovascular Disease/Hypertension | <input type="checkbox"/> Home Health | <input type="checkbox"/> Grandparents Raising Grandchildren |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Title VI Director's Training |
| | | | <input type="checkbox"/> Other _____ |

PRESENTATION REQUIREMENTS

TITLE OF PRESENTATION: _____

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:

1. A brief description of your proposed presentation (no more than 150 words each).
2. A brief biography (no more than 150 words) before the deadline of April 30, 2010.
3. Registration Form and Registration Fee of \$200.

EQUIPMENT PROVIDED: LCD PROJECTOR, SCREEN, LAPTOP, MICROPHONE

Each presenter will be responsible for providing his/her additional equipment. If you are selected as a presenter, NICOA will notify you and provide contact information for the audio visual contractor and detailed information on the workshop sessions and numbers.

Please indicate if you will have 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.

WHERE TO SEND FORMS, ATTACHMENTS, AND PAYMENT

NATIONAL INDIAN COUNCIL ON AGING, INC.
 ATTN: FINANCE
 10501 MONTGOMERY BLVD. NE
 SUITE 210
 ALBUQUERQUE, NM 87111

FOR INFORMATION, CONTACT:
 RANDELLA BLUEHOUSE
 505.292.2001, EXTENSION 25
RBLUEHOUSE@NICOA.ORG

Because NICOA conferences are produced at cost, presenters are responsible for their own travel, accommodations, and a \$200 registration fee (registration form attached) that will provide entrance to all of the events and meals offered at the conference. We encourage you to stay at the host hotel, Grand Traverse Resort & Spa. Please contact Taryn Miracle at 231.534.6165 or the Resort's toll-free number 800.236.1577. THIS FORM IS DUE NO LATER THAN JULY 31, 2010.