



Workshop Proposal Form

2020 American Indian Elders Conference

August 17-20, 2020

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: _____ Phone: _____

Email: _____

Because NICOA conferences are produced at cost, **presenters are responsible for their own travel, accommodations, applicable membership dues, and registration fees**, if your proposal is accepted, Registration Form(s) and Applicable Fees must be paid by July 31, 2020. 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 J. 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) & Picture by **February 1, 2020** 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, Medications Management, etc.

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

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.

FOR INFORMATION CONTACT:

Cheryl Archibald, Executive Assistant
Email: carchibald@nicoa.org
Phone: (505) 292-2001
Fax: (505) 292-1922

EMAIL / MAIL / FAX ALL PROPOSALS TO:

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