

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, accommodations, applicable membership dues, and registration fees.** If your proposal is accepted, Registration Form(s) and applicable fees must be paid by July 31, 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 **April 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. Any topic related to research in Indian Country.
- ☐ **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 Archibald
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Albuquerque, NM 87112