



**National Association of Pediatric Nurse Practitioners
31st Annual Conference: April 15-18**

Registration Bag Insertion

As an additional service to our exhibitors, we offer the opportunity to insert promotional materials, sales brochures, event invitations, etc. in the attendees' registration packets which are distributed onsite to all conference registrants. *NAPNAP has the right to refuse any insert request and will refund the client's money charged to the client's credit card. This is the total limit of any compensation request.*

Closing date for reserving registration bag insert is February 10, 2010

SIZE/SPECIFICATIONS	PRICING
Page size up to 8 1/2" x 11"	One Piece.....\$1,500
One unit piece	Two Pieces.....\$2,000
4 pages maximum	Over-sized/Bulky.....To be determined
Quantity needed: 1,250* (Note: this is a current estimate. Please check back after Feb 15 for final quantity.)	

One Piece (\$1,500) Two Pieces (\$2,000)

Exhibiting Company: _____

Contracting Company (if different): _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Please forward completed application, one sample piece and payment to the following address:

NAPNAP will not be responsible for any delivery that is not labeled appropriately. Registration Bag materials must reach The Warehouse **before April 9th, 2010.** (BOXES MUST BE LABELED EXACTLY WITH THIS INFORMATION SO THAT ITEMS ARE NOT LOST) Send 1250* pieces with the following label: (Note: this quantity is a current estimate. Please check back after Feb 15 for final quantity.)

Bridget Horgan Bell, Conference Coordinator
NAPNAP
20 Brace Rd., Suite 200
Cherry Hill, NJ 08034
FAX: 856-857-1600 TEL: 856-857-9700
e-mail: bhorganbell@napnap.org

REGISTRATION BAG INSERTS
(Name of Company) NAPNAP 2010
NAPNAP Show Management - REGISTRATION
C/O Brede Exposition Services/Allied Convention
Services
C/O Freeman
2500 West 35th Street
Chicago, IL 60632

PAYMENT

Visa MasterCard AmEx
Acct #: _____
Exp. Date: _____
Name as it appears on credit card:

Authorized Signature:

 Check (Payable to: NAPNAP) Tax ID# 23-7403934
 Invoice (Payment due within 15 days upon receipt)

FOR OFFICE USE ONLY

Ancillary Symposium: Date rec'd _____
Total Amount Due: _____
Date payment rec'd: _____
Payment Type: ck # _____
 cc authorization: _____
Sample Material rec'd: _____
Deposit to Rev Acct Code: 4020-02-207-000