



NAPNAP SYMPOSIUM REGISTRATION FORM

Three Easy Ways to Register!

Online at <https://www.napnap.org/symposium>

Fax to (212) 785-1713

Mail to NAPNAP Registration, 5 Hanover Square, Suite 1401, NY, NY 10004.

Note: Registrations received online will be confirmed immediately. Registrations received via fax or mail may take up to 10 days for confirmation.

Questions: (877) 369-0994

PLEASE PRINT CLEARLY

Please provide your contact information.

NAME _____

CREDENTIALS _____

NAPNAP MEMBERSHIP #: _____

Please indicate your **preferred** mailing address below.

ADDRESS _____

CITY _____ STATE _____ ZIP _____

The above mailing address is my: ___work address ___home address

Daytime Phone: _____ HOME _____ WORK

E-MAIL (REQUIRED): _____

Check here:

___ If you have a disability, require special assistance or a dietary accommodation.

(We will contact you.)

EVENT REGISTRATION

Event	Pediatric Emergencies and Updates
Location	San Antonio
Date	Nov. 10-11, 2018

Please circle your selection and fee.

	Two Days Before 10/20/18	Two Days After 10/20/18	One Day Saturday Before 10/20/18	One Day Saturday After 10/20/18	One Day Sunday Before 10/20/18	One Day Sunday After 10/20/18
Member	\$325	\$345	\$175	\$195	\$175	\$195
Nonmember	\$375	\$395	\$225	\$245	\$225	\$245
Student Member	\$250	\$270	\$125	\$145	\$125	\$145
Student Nonmembers*	\$275	\$295	\$150	\$170	\$150	\$170

*Student nonmembers must send verification of student status with the registration form. There are two types of verification: 1) submit a valid student picture ID with valid dates or 2) submit a letter from the program director on official institution letterhead that validates status as an NP, CNS or doctoral student. For questions, contact us at: conferencereg@napnap.org.

PAYMENT SUMMARY

Registration Fee \$ _____
TOTAL AMOUNT \$ _____

I am paying by CHECK.

Please mail your check to: NAPNAP Registration,
 5 Hanover Square, Suite 1401, New York, NY 10004

Please charge my: VISA MASTERCARD AMEX

Account Number: _____

Exp: ____/____/____ Security Code: _____

Credit Card Billing Address: _____

Cardmember Name: _____

Your signature: _____

REFUND POLICY

We will refund your registration fees if we receive your cancellation in writing via mail, fax or email 7 business days before start of the event. We cannot accept telephone cancellations. A \$30 administrative fee will apply to all refunds.