



National Association of Pediatric Nurse PractitionersSM

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National Association of Pediatric Nurse Practitioners 2024 Industry-Sponsored Non-Continuing Education (Non-CE) Product Theater Application

Note: Meeting space assignment is on a first come basis. No one is guaranteed space until payment is received.

Supporting/Exhibiting Company:

Organizer (Contracting Company if
different):

Contact

Title:

Person:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Topic of Product Theater:

☐ **\$24,750: Live Non-CE Product Theater – Please select date and time:**

___ Wednesday Lunch (3/13/24) ___ Thursday Breakfast (3/14/24) ___ Thursday Lunch (3/14/24)

___ Friday Breakfast (3/15/24) ___ Friday Lunch (3/15/24)

Anticipated Attendance: _____ attendees **Room Set-up:** _____ (Seating style)

Deadline for application is February 6, 2024

SELECT PAYMENT TYPE - Submit payment with application

☐ Visa ☐ MasterCard ☐ American Express

Card #: _____ 3 or 4 digit Security Code: _____ Exp. Date: _____

Total Amount: _____

Cardholder: _____ Authorized Signature: _____

☐ Check: Make Checks payable to: NAPNAP Tax ID# 23-7403934

Send completed application and payment to: Attn: Conference Dept. 40 Exchange Place, Suite 1902, New York, NY 10005 or Email: hkeesing@napnap.org