



**National Association of  
Pediatric Nurse Practitioners<sup>SM</sup>**

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**National Association of Pediatric Nurse Practitioners  
2026 Industry-Sponsored Continuing Education (CE)  
Ancillary Symposium 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  
Person:**

**Title:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone:**

**Fax:**

**Email:**

**Topic of Ancillary Symposium:**

**\$24,750: In-person CE Ancillary Symposium – Please select date and time:**

\_\_\_ Wednesday Lunch (3/18/26)    \_\_\_ Thursday Breakfast (3/19/26)    \_\_\_ Thursday Lunch (3/19/26)

\_\_\_ Friday Breakfast (3/20/26)    \_\_\_ Friday Lunch (3/20/26)

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

***Deadline for application is February 5, 2026***

**SELECT PAYMENT TYPE** - Submit payment with application

Visa     MasterCard     American Express

Card #: \_\_\_\_\_    3 or4 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](mailto:hkeesing@napnap.org)