



**National Association of Pediatric Nurse Practitioners
2026 Industry-Sponsored Non-Continuing Education (Non-CE)
Exhibit Hall Product Showcase 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 Exhibit Hall Product Showcase:

\$13,500: Exhibit Hall Product Showcase (30 minutes) – Please select first choice for date and time slot:

____ Thursday (3/19/26): 8:45-9:15 a.m.

____ Friday (3/20/26): 8:30-9 a.m.

____ Thursday (3/19/26): 9:30-10 a.m.

____ Friday (3/20/26): 9:15-9:45 a.m.

____ Thursday (3/19/26): 12:30-1 p.m.

____ Friday (3/20/26): 10-10:30 a.m.

____ Thursday (3/19/26): 1:15-1:45 p.m.

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