



**National Association of
Pediatric Nurse PractitionersSM**

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**National Association of Pediatric Nurse Practitioners
2026 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
Person:**

Title:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Topic of Product Theater:

\$24,750: In-person Non-CE Product Theater – 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