



**National Association of
Pediatric Nurse PractitionersSM**

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**National Association of Pediatric Nurse Practitioners
2027 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

Title:

Person:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Topic of CE Symposium:

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

____ Sunday Lunch (3/21/27) ____ Monday Breakfast (3/22/27) ____ Monday Lunch (3/22/27)

____ Tuesday Breakfast (3/23/27) ____ Tuesday Lunch (3/23/27)

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

Deadline for application is February 8, 2027

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. 125 Maiden Lane, Suite 15C, New York, NY 10038 or Email: hkeesing@napnap.org