



2014 CONFERENCE ON PEDIATRIC HEALTH CARE STRENGTH IN CHILDREN'S HEALTH

35TH ANNUAL CONFERENCE

Hynes Convention Center • Boston, MA • March 11 - 14, 2014

NAPNAP • 5 Hanover Square, Suite 1401 • New York, NY 10004 • Phone: 877-369-0994 • www.napnap.org



National Association of Pediatric Nurse Practitioners Industry-Sponsored Ancillary Continuing Education (CE) Symposium and In-Booth Presentation 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 Symposium/In-Booth Presentation:

☐ \$22,500: Ancillary CE Symposium – Please select first choice for date and time:

____ Tuesday breakfast (3/11/14) ____ Wednesday Lunch (3/12/14) ____ Wednesday Dinner (3/12/14)
____ Thursday Breakfast (3/13/14) ____ Thursday Dinner (3/13/14)

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

Plan to sponsor a **Derivative Program** (separate application required): Yes ____ No ____

☐ \$7,500: In-Booth Presentation (Three - 15 minute presentations on same day) – Select first choice for date/time:

____ Tuesday (3/11/14): 8:00am – 2:00pm Time(s): ____
____ Wednesday (3/12/14): 12:15pm – 2:15pm Time(s): ____
____ Wednesday (3/12/14): 4:30pm – 6:30pm Time(s): ____
____ Thursday (3/13/14): 8:00am – 11:00am Time(s): ____

Deadline for application is January 13, 2014.

SELECT PAYMENT TYPE - Submit payment with application

☐ Visa ☐ MasterCard ☐ American Express

Card #: _____ 3-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. 5 Hanover Square, Suite 1401, New York, NY 10004 or Email: hkeesing@napnap.org

For office use only:

Date of Request:		Payment Received:		Deposit to Revenue Account Code:	
				4230-30-300-000	
Approved for date:		Time:		# Attendees:	
Space Assigned (room):					
NAPNAP CE Application Received:		Approved:			
Blast Email Approved:		Blast Email sent:			