



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

35<sup>TH</sup> 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](http://www.napnap.org)



## National Association of Pediatric Nurse Practitioners Industry-Sponsored Ancillary Non-Continuing Education (Non-CE) Symposium and 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 Symposium/Product Theater:

☐ **\$22,500: Ancillary Non-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)

☐ **\$13,500: Product Theater (30 minutes) – Please select first (1) and second (2) choice times:**

\_\_\_\_ Thursday (3/13/14): 8:30 – 9:00am  
\_\_\_\_ Thursday (3/13/14): 9:00 – 9:30am  
\_\_\_\_ Thursday (3/13/14): 9:30 – 10:00am  
\_\_\_\_ Thursday (3/13/14): 10:00 – 10:30am

### 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](mailto: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:			