



**NATIONAL INDIAN NURSE PRACTITIONERS' ASSOCIATION
(NINPAA)
NINPAA USA.com**

Conference Registration Form
Applied for AANP for 6 CEUs

**VENUE: GOOD SAMARITAN HOSPITAL CONFERENCE ROOM
255 LAFAYETTE Ave. Suffern, NY 10901**

Date: June7, 2025

Theme: "Bridging Health Equity Gaps with Innovative Technology Solutions for Optimal Care

Name: _____
(First) (Last)

Academic Degree: _____ Specialty: _____

Affiliation (Hospital, Office, Academic Institution):

Address (Home): _____
Street No. Street Name

City: _____ State: _____ Zip: _____

Cell Phone: _____ NINPAA member _____ AANP _____

E-mail address: _____

Registration Fees: \$99, Full-time Students & Retirees \$50 (includes educational sessions, conference materials, and certificate with contact hours, breakfast, lunch and tea/coffee).

Register online/ website: Venmo - ninpaauSA16@gmail.com (please bring the completed form to the conference)

Mail-in: completed registration form along with check payable to NINPAA to: Aney Paul, 37 Etna Place Nanuet, NY 10954.

Walk-in registrants must bring payment to the Conference.

Cancellation and Refund Policy: Cancellations must be received in writing by May 15 (subject to service charge of 10% of the registration fee). No refunds will be issued after May 15, 2025.

For any questions, please contact us at:

Dr. Aney Paul, DNP, MSN, PNP, MPH- aneypaul@yahoo.com (845-304-1580), Ambatt, MSN, FNP-BC (845-507-2836), sara.ambatt@gmail.com, Dr. Rebecca Pothen, DNP, MSN, FNP-BC,

rebeccapothent@gmail.com (845-842-8000).

Registration Fee Received on: _____ Method of payment _____

Name of the Official: _____ Signature: _____