National Indian Nurse Practitioners Association of America (NINPAA) www.ninpaa.com; ninpaausa16@gmail.com
NPO Member of AANP, 501c3 Organization.

Conference Registration Form

Applied for AANP for 6 CEUs

Date: 11/14/26, VENUE: Nyack Seaport, 21 Burd St, Nyack, NY 10960

Theme: "Reveal, Rebuild, Rise - Together Advancing the Future of Nursing."

Name: _____ _____ (First) (Last)
Academic Degree: _____ Specialty: _____
Affiliation (Hospital, Office, Academic Institution):
_____
Address (Home): _____ _____ Street
No. Street Name City: _____ State: _____ Zip: _____
Phone: _____ NINPAA member_____ AANP _____ E-mail address:
_____

Registration Fees: $125, Ful-time Students & Retirees $60 (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 October 15 (subject to service charge of 10% of the registration fee). No refunds will be issued after October 15, 2026.

For any questions, please contact us at: Dr. Aney Paul, DNP, MSN, CPNP, MPH- aneypaul@yahoo.com (845-304-1580), Sara Ambatt, MSN, FNP-BC,sara.ambatt@gmail.com, (845-507-2836), Dr. Rebecca Pothen, DNP, MSN, FNP-BC, rebeccapothen@ymail.com (845-842-8000).

Registration Fee Received on: _____ Method of payment _____ Name of the Official: _____ Signature: _____