

When you have completed the form, click "Submit Registration" once, and you will see a confirmation page. Your registration data will be submitted and a copy sent to the email address you provide.

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| **Register to attend** |
| **\*First Name:** |  | **\*Last Name:** |  |
| **\*Organization:** |  | **\*Title:** |  |
| **\*State:** |  | **\*Primary Organization Type:** |  |
| **\*Phone:** |  | **\*Email:** |  |
| **\*Major Areas of Interest** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Your Goals: What do you hope to take away from this Summit?** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Primary Organization Type options:**

* Health Plan (insurer)
* Bottom of Form
* Academic Health Center
* Integrated Health System
* Hospital
* Community Clinic
* Practitioner Network
* Health Care Provider or Clinician
* Private Employer/ Purchaser
* Federal Agency or Department
* State Agency or Department
* City or Local Agency or Department
* Consultant and/or IT vendor
* Patient/Consumer/Advocate
* Professional Society or Association
* Foundation
* College or University/Independent Think Tank/Research Institution
* Pharmaceutical Company
* Medical Device/Medical Products Manufacturer
* Other
	+ Please List

**Major Areas of Interest options (select all that apply)**

* Accountable Care Organizations
* Pay for Performance
* Building Alliances to Implement Change
* Payment Reform Best Practices
* Implementing Analytical Tools to Measure Results
* Choosing an Alternative Payment Model
* Communication Strategies
* Challenges to Implementing Payment Reform and How They Were Overcome
* Other
	+ Please list