



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.

ssca_reg.txt	utf8		
--------------	------	--	--

REGISTER TO ATTEND

*First Name: <input type="text"/>	*Last Name: <input type="text"/>
*Organization: <input type="text"/>	*Title: <input type="text"/>
*State: <input type="text"/>	*Primary Organization Type: <input type="text"/>
*Phone: <input type="text"/>	*Email: <input type="text"/>
*Major Areas of Interest _____	Your Goals: What do you hope to take away from this Summit? _____

Primary Organization Type options:

- Health Plan (insurer)
- 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