## Registration

**Name** *

|                          |                          |
| First                    | Last                     |

**Title** *

**Email** *

| Enter Email              | Confirm Email            |

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**LAN Participant?** *

- ○ Yes
- ○ No
- ○ Would you like to join the LAN? (checking this box will automatically enroll you as a LAN Participant)

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Are you participating as a member of a CMS-funded quality network (I.e. QIO, HEN, PTN, SAN, etc)?

- ○ Yes

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**Organization** *

**Primary Organization Type** *

| Academic ▼ |

If Other:

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**City** *

**State** *

Phone

**Major Areas of Interest**

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

If Other:

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**Participant List** *

- ⦿ Yes
- ○ No

"I authorize use of my information in the participant list, which will be made available via the LAN Handshake platform, to other conference participants."

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**Special Accommodations (ADA)**

- ○ Required

If special accommodations are required please briefly describe below. Questions about special accommodations can also be emailed to LANSummit@rippleeffect.com

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**Video and Photography Notification**

- ○ Opt Out of Photography

Portions of this event may be videotaped and recorded, and photographs may be taken through the conference. The videotapes, recordings and photographs may be used in the public domain, but no individual names will be associated with this media.

[ Submit ]