

2017 LAN Fall Summit Registration

Name *
First Last
Title *
Email *
Enter Email Confirm Email

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

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

Organization *
Primary Organization Type *
Academic
Other

City *
State *
Phone

Participant List *
 Yes
 No
* Authorizes use of my information in the participant list, which will be made available via the LAN website platform, to other conference participants.

Special Accommodations (ADA)
 Required
* If special accommodations are required please briefly describe below. Questions about special accommodations can also be emailed to LAN@uminn.org

Video and Photography Notification
 Opt Out of Photography
Portions of this exam 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