(https://www.lansummit.org)

2019 LAN Fall Summit Registration

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Name *	
First	
Last	
Title *	
Email *	
Liliali	us
	UP
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. QIO, HEN, PTN	J

https://www.lansummit.org/registration/

SAN, etc)?

○ Yes (https://www.lansummit.org)	
Organization *	
Primary Organization Type *	
Academic	~
If Other:	
City *	
State *	UF
Phone	
Participant List *	
Yes	
○ No	
"I authorize use of my information in the participant list, which will be made available to other conference participants."	,

Special Accommodations (ADA)	
(https://www.lansummit.org)	
∪ Required	
If special accommodations are required please briefly describe below. Questions about special accommodations also be emailed to LANSummit@rippleeffect.com	s can
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. videotapes, recordings and photographs may be used in the public domain, but no individual names will be asso with this media.	
Submit	
	UP
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400 New Jersey Avenue, NW Washington, D.C. 20001 Phone: 1-202-737-1234	
CONTACT US	+
LANsummit@rippleeffect.com (mailto:LANsummit@rippleeffect.com) Phone: (800) 277-570	08 ext. 6
RELATED LINKS	+
Health Care Payment Learning & Action Network (https://hcp-lan.org/)	

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