

# Virtual LAN Summit Registration Form

## Single Text Field

Last Name\*

First Name\*

Title\*

State\* (drop down box)

Email Address\*

Organization\*

## Drop down box

### Primary Organization Type-

- Academics
- Communications
- Consultants
- Consumers/Patients
- Employers/Purchasers
- Government
- Insurers/Payers
- Professional Associations
- Providers
- Suppliers
- Other

## Single text field

What key takeaways do you and/or your organization hope to gain from the 2022 LAN Summit? \*

\*Required field