Event: 
Date: 

Name ____________________________
Email ____________________________

I am a:  ☐ Health care worker
        ☐ Student
        ☐ Patient or Advocate

I would like:  ☐ To connect with the speaker
              ☐ Information about joining PNHP and/or
                about single payer/Medicare for All
              ☐ Regular updates about PNHP

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