

# Missouri Cancer Registry Web Plus User/Contact Form

1020 Hospital Drive – PS7

Columbia MO 65211

Fax: (573) 884-9655

Toll free: (800) 392-2829

Website: <http://mcr.umh.edu>

Date received: \_\_\_\_\_

Date recorded: \_\_\_\_\_

Account name: \_\_\_\_\_

*For MCR Use Only*

**MCR will create one account per facility for use with Web Plus, and will notify users with account information by email. Please provide contact information for the primary user from your facility. Secondary contact information is also needed in the event we cannot reach the primary user for questions/concerns regarding your account.**

## *Primary User Information*

Name:	Title/Position:
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Name of Facility/Address:

Email: (mandatory)	Phone and Fax:
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## *Secondary Contact Information (if any)*

Name:	Title/Position:
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Name of Facility/Address:

Email: (mandatory)	Phone and Fax:
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## *Comments/Questions*

**Please provide the appropriate information and return this form by fax or email to:**

**Sue Stulgo, Missouri Cancer Registry, 1020 Hospital Drive-PS7, Columbia, MO 65211**

**Phone: 1-800-392-2829 Fax: 573-884-9655**