

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:
Name of Facility/Address:	
Email: (mandatory)	Phone and Fax:

Secondary Contact Information (if any)

Name:	Title/Position:
Name of Facility/Address:	
Email: (mandatory)	Phone and Fax:

Comments/Questions

Please provide the appropriate information and return this form by fax or email to:
[Sue Stulgo](mailto:Sue.Stulgo@mcr.umh.edu), Missouri Cancer Registry, 1020 Hospital Drive-PS7, Columbia, MO 65211
Phone: 1-800-392-2829 Fax: 573-884-9655