



User ID Request Form

I need access to quarterly data for either submission or editing purposes. Please add me as a data user for the below facility number(s). (Please write on line below)

I will need to receive communication(s) related to:

<input type="checkbox"/>	Administrator/Executive
<input type="checkbox"/>	Data Submitter / Data Editor
<input type="checkbox"/>	Information Technology
<input type="checkbox"/>	Vendor

Please fill out the following information completely. WHA Information Center will contact you with your User ID and password after processing your request.

Name: _____

Title: _____

Organization: _____ ID Number: _____

Address: _____
Street Number and Name

_____ WI _____
City State ZIP Code

Phone: (_____) _____ Fax: (_____) _____

Email address: _____

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