

S · O · A · P

Southern Oncology Association of Practices

soaponline.org Registration Form

Directions:

1. Complete information regarding your practice.
2. The Active Member will be the designated contact to authorize additional users.
3. Fill out information for additional users.
4. Have the SOAP Active Member sign the form.
5. Fax, email or mail form to: Jeannie G. VanderKruik, Executive Director, SOAP
316 Weatherstone Drive, Belleville, IL 62221
email: jgvsoaped@att.net
fax: 618-355-0598

Practice Information:

Practice Name: _____
Practice Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

SOAP Practice Active Member Information:

Name: _____ Title: _____
Email: _____ Phone: _____

Grant additional soaponline.org access to (please complete another form for more than 3 additional users):

Name: _____ Title: _____
Email: _____

Name: _____ Title: _____
Email: _____

Name: _____ Title: _____
Email: _____

I am the SOAP Practice Active Member authorized to sign this form on behalf of the practice identified above. SOAP is hereby authorized to rely on the above information in allowing access to soaponline.org. SOAP is authorized to immediately grant access to the additional authorized users identified above. I understand that the Member's Area of soaponline.org may contain confidential SOAP information. I represent that the information provided herein is true and correct and that I will be responsible for notifying the SOAP Executive Director of any additions or deletions of the users that have access to this website. SOAP will contact me within 5 business days with my or additional authorized user names and password (we will change the password, as required, upon initial access to the site).

Active Member Name (required): _____ Date: _____

Active Member Signature (required): _____ Date: _____

If you have any questions, please call the SOAP Executive Director at 618-593-3725.