



CDC ONLINE ENROLLMENT FORM

A. To register for **CDC Online** access, please complete the following information:

CDC NAME: _____
CDC #: _____
YOUR NAME: _____
TITLE: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
E-MAIL ADDRESS: _____
SIGNATURE: _____

B. Upon Colson's receipt of your completed enrollment form, you will receive your CDC Online User ID.

C. Security Data for CDC Online (**THIS SECTION TO BE COMPLETED BY COLSON**):

This is your assigned User ID code: _____

At initial sign-on, all passwords are defaulted to "colson." Once you have accessed CDC Online, you can change your password (4 to 16 alphanumeric characters) using the "Options" link.

NOTE: Each CDC will be assigned one distinct user ID/password combination, through which multiple users within the same CDC will be able to view information simultaneously.

If you have any questions, please call your customer service representative at (800) 225-4285.

**PLEASE FAX THE COMPLETED FORM TO (212) 313-0613
OR
E-MAIL THE COMPLETED FORM TO
504department@colsonservices.com**