



FTP Account Request

Request Date: _____

Requestor: _____

Institution Name: _____

Address: _____

Country: _____

Phone Number: _____

Email Address: _____

Technical FTP Contact (if different from above): _____

RT Facility (if different from above): _____

Phone Number: _____

Email Address: _____

IROC Houston RTF #: _____

Treatment Planning System and Version: _____

Submit form to: IROC Rhode Island Fax: (401) 753-7601

For questions, please contact ISDA@garc.org Phone: (401) 753-7600

Submit

IROC Rhode Island Use Only:

Site Code: _____ **Account Set Up Date:** _____

Username: _____ **Password:** _____

Comments:

