Childhood Lead Poisoning Software
User Registration

PLEASE PRINT CLEARLY

Date: _____

Name*: _____

Position/Title: _____

Program name*: _____

Address*: _____

_____

Email*: _____

Phone*: **(_____) _____ - _____** **Alternate: (_____) _____ - _____**

Fax: **(_____) _____ - _____**

Software Requested: Stellar _____ Solar-QR _____ Solab _____

Windows version used* (circle one)
95 98 Millenium NT 2000 XP

If you know your Stellar database is intended for use as a Supervisor or Satellite site, please indicate here. Check one: Supervisor _____ Satellite _____

Satellite sites, please contact your parent site for their Program ID. Enter here. _____

Mail to:

STELLAR Support
Centers for Disease Control and Prevention
Lead Poisoning and Prevention Branch
4770 Buford Highway MS F-30
Atlanta GA, 30341

Or Fax to:

770-488-3635

*** Required fields. Failure to include required fields will result in delayed response time.**