

**FTP Account Request for Trial**

Request Date: \_\_\_\_\_

Requestor: \_\_\_\_\_

Institution Name: \_\_\_\_\_

IROC Houston RTF #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Technical FTP Contact (if different from above): \_\_\_\_\_

RT Facility (if different from above): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Treatment Planning System and Version: \_\_\_\_\_

Submit form: Save and attach to email [AFT16@garc.org](mailto:AFT16@garc.org)

For questions, please contact [AFT16@garc.org](mailto:AFT16@garc.org) or Phone: (401) 753-7600

**QARC Use Only:**

Site Code: \_\_\_\_\_ Account Set Up Date: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Comments: