

# Attachment 5

## Screen Shot of the Registration Page



Agency for Toxic Substances & Disease Registry

ALS  ATSDR only  All CDC documents

 

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**\* Required Fields**

#### ALS Patient Account

Title:	<input type="text"/>	Social Security #:	<input type="text"/> (Last 5 digits)
First Name: *	<input type="text"/>	MI:	<input type="text"/>
Last Name: *	<input type="text"/>	Confirm Social Security #: *	<input type="text"/> (Last 5 digits)
Suffix:	<input type="text"/>	Country: *	<input type="text"/> Select Country
Gender: *	<input type="radio"/> Male <input type="radio"/> Female	State/Province: *	<input type="text"/> Select State/Province
Date of Birth: *	Month <input type="text"/> Year <input type="text"/>	Outside US & Canada State/Province:	<input type="text"/>
Email: *	<input type="text"/>	City: *	<input type="text"/>

**Username criteria:**

- The username must have a minimum of 6 and a maximum of 12 characters with letters, numbers, Punctuation or special characters.

**Example:** vtoW4agk%

**Password criteria:**

- Password must have a minimum of 9 and a maximum of 15 characters in length and may not contain your Username or any part of your full name.
- Passwords must be created using 3 of the following 4 character types:
  - Uppercase
  - Lowercase
  - Numbers
  - Punctuation or Special Characters (Ex: @, %, &, \$, ?)

**Example:** suPa2tri\$

**Security Questions (Please answer at least 3 questions.) \***

What is your city of birth?	<input type="text"/>	What is your high school name?	<input type="text"/>
What is the name of your favorite childhood friend?	<input type="text"/>	What is your favorite pet's name?	<input type="text"/>
In what town was your first job?	<input type="text"/>	Who was your childhood hero?	<input type="text"/>

Text size:

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**Contact Us:**

- ATSDR  
4770 Buford Hwy NE  
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- 800-CDC-INFO  
(800-232-4636)  
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24 Hours/Every Day
- Email Us

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