

Application for Logon for TOP and/or HOVON Web site

(only for HOVON participants and collaborators)

To: HOVON Data Centrum Fax: +31 10 704.10.28

Note: Access to TOP is only possible with Internet Explorer 4.0 or higher.

Name person :
Name organisation :
Department :
Function/Profession:
Postal address :
Area code :
City :
Telephone no. :
Faxno. :
E-mail :

Why do you need a logon? :

Logon for: TOP <https://www.hdc.hovon.nl/top>
 HOVON site <http://www.hovon.nl>
 TOP + HOVON site

Preferred way of receiving confirmations of registration and randomisation of patients (if applicable).

By: e-mail fax post/snail-mail

Please mention your preferred logon name and password

Logon name: (1).....
 (second choice) (2).....

Minimum 3, maximum 14 letters or digits, no spaces; case sensitive.

Password:

Minimum 8, maximum 14 characters, case sensitive with

- **at least one digit 0-9**
- **at least one character from [!#\$%&()*+_-./:;<?@[|^~]]**
- **may not contain double quote (") single quotes (') or (,), semicolon (;) or comma (,)**
- **the logon name may not be repeated in the password.**

By requesting this logon I declare to use this logon strictly personal. I shall inform the HOVON Data Center in case of change of address or affiliation or retirement.

Signature

Date/..../.....

For HDC use only: Security role :
 Logon for : 1=TOP, 2=WEB, 3=TOP+WEB
 First choice : N / Y

Please note: You will receive your personal logon name and password within 3-5 working days.