



State of Hawaii Telehealth Access Network (STAN)  
 2424 Maile Way, Saunders 713  
 Honolulu, HI 96822  
 Phone: (808) 956-6668

## Account Request Form

Please fax or e-mail to (808) 956-4646 or stan@tipg.net

PLEASE TYPE OR PRINT CLEARLY

### Institution Information

1. Name of Institution (Agency or Business):		2. Address:	
3. Phone Number:			
4. Fax Number:	5. E-Mail Address:		
6. Special Notes:			

### Contact Information

1. Name of Contact Representative for above:		2. Title:	
3. Phone Number:		4. Fax Number:	
5. E-Mail Address:			
6. Special Notes:			

### Billing Information

I certify that any charges incurred will be paid via check or purchase order and understand that STAN is NOT able to accept credit card payments.

1. Name and Address of Business or Company		2. Fiscal Officer (Billing Representative to attention):	
		3. Phone Number:	
4. Fax Number:	5. E-Mail Address:		
6. Special Notes:			

### Videoconferencing Site Information

1. Primary Site Name:	2. Contact Person:	3. Phone Number:
4. Alternate Site Name:	5. Contact Person:	6. Phone Number:

### For Use by State of Hawaii Telehealth Access Network Operators Only

Date Received:	Date Approved:	<b>ACCOUNT NUMBER</b>
Received By:	Approved By:	
Special Notes:		