City of Chicago VTMC Enrollment Form

VFC PIN #:_____

Please fill out the following information to get your VTMC Cloud account set-up.
Email form to chicagovfc@cityofchicago.org or fax to 312/746-6220.

Clinic Information

Clinic Name	
Address 1	
Address 2	
Address 3	
Zip Code	
Contact Name	
E-mail Address 1	
Phone Number 1	
Deg F or Deg C	

Fridge/Freezer Data Logger information (Zone Info)

Fridge#1 LogTag Serial Number	
Fridge#1 Calibration Due Date	
Freezer#1 LogTag Serial Number	
Freezer#1 Calibration Due Date	
Fridge#2 LogTag Serial Number	
Fridge#2 Calibration Due Date	
Freezer#2 LogTag Serial Number	
Freezer#2 Calibration Due Date	

Cloud User Information

User 1 - First/last name	
Email address	
User 2 – First/last name	
Email address	
User 3 - First/last name	
Email address	