



Spokane County Medical Society

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Phone 509.325.5010
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<http://spcmsmedicor.org>

Today's Date:

Register for a Personal ID/Password

Please enter your account details in the form below. **Please note that all fields must be completed,** otherwise your application will not be accepted.

Please select your hospital affiliation(s) where you are either an employee or have medical staff privileges:

Affiliation:

Title:

First Name:

Last Name:

Phone Number:

E-mail address:

User ID:

Password

Please note that approval of your application by the project administrator may take up to 5 business days. Should you have any problems with this registration form, please contact the Medicor project administrator.

Comments or questions:

I am aware of the terms and conditions that apply to the use of my personal Medicor account and agree to abide by them.