

Request Form to Access the DIDIT

Name:

Organization:

Position:

Contact information: E-mail address _____
Business telephone _____
Business fax _____

How did you learn about the DIDIT?

- State diabetes program colleague
- Other colleague from _____
- CDC website
- Other (please specify) _____

How will you be using the DIDIT?

How long do you need access to the DIDIT?

Submit this form to cdcinfo@cdc.gov