

ALFRÉD RÉNYI INSTITUTE OF MATHEMATICS
HUNGARIAN ACADEMY OF SCIENCES
LIBRARY

REGISTRATION FORM

Please use BLOCK CAPITAL LETTERS to fill in the form

Name (first).....(family).....

Place of birth.....

Date of birth (dd/mm/yy).....

Mother's (maiden) name

Current address

Country.....

Passport

Occupation.....

Office / University.....

E-mail.....

Phone.....

I accept and keep library regulation

Budapest,

.....

guest's signature

To be signed by your host:

I take responsibility for borrowed items by the person mentioned above until 20.....

Budapest,

.....

host's signature