

Alfréd Rényi Institute of Mathematics
Hungarian Academy of Sciences
Library

Registration Form

NAME
(Please print)

PASSPORT/ID No

CURRENT ADDRESS

OCCUPATION

AFFILIATED TO
(Name of University/College)

BUSINESS ADDRESS

EMAIL

I accept and agree to keep all library regulations.

Budapest, 200.....

.....
guest's signature

To be signed by your host:

*I take responsibility for all items borrowed by the aforementioned person
until 200.....*

Budapest, 200.....

.....
host's signature