



ALFRÉD RÉNYI INSTITUTE OF MATHEMATICS

LIBRARY

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**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