



REGISTRATION FORM FOR LOANSOME DOC SERVICE - NON-SICK KIDS STAFF

Library LIBID: ONCSKH

(Enter this id on LoansomeDOC registration form at <http://docline.gov/loansome/login.cfm>)

The cost per article is \$5.00 **plus** any additional charges assessed by other libraries if we have to use outside sources.

Name: _____

Telephone Number: (_____)_____

Email Address: _____

Preferred delivery method (as indicated when you register on PubMed)

____ Mail Street/Suite: _____

City: _____

Province: _____ Postal Code: _____

____ FAX FAX Number: (_____)_____

Method of Payment

You must set-up a deposit account (minimum \$100). LoansomeDoc costs will be deducted from your account. You will be notified when your balance reaches \$10.00

To initiate service, return this form with a cheque for the deposit account (minimum \$100.00) payable to:

Hospital Library
The Hospital for Sick Children
555 University Avenue
Toronto, Ontario M5G 1X8 Canada

Signature: _____

Date: _____