



REGISTRATION FORM FOR LOANSOME DOC SERVICE – SICKKIDS STAFF

Library LIBID: ONCSKH

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

Name: _____

Department: _____ Room Number _____

Telephone Number: (____) _____ or Pager: (____) _____

Email Address: _____

Affiliated with the University of Toronto (Staff or Student): Yes ___ No ___

Preferred Delivery Method

___ Send printed articles to Department/Room Number listed above

___ Call me and I will pick-up printed articles at Hospital Library.

Method of Payment (Select a method)

___ Departmental ID Number (10 digits): _____

Many articles can be obtained at no charge. In cases where outside libraries levy charges, please indicate the range of charges you would be willing to accept:

Charges per request: up to ___ \$5; up to ___ \$12; up to ___ \$20 OR
___ Please notify me about charges before proceeding;

___ You can 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 a service deposit account service, return this form with a cheque for the deposit account (minimum \$100.00) payable to: Hospital Library

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Charges per request: up to ___ \$5; up to ___ \$12; up to ___ \$20 OR
___ Please notify me about charges before proceeding;

Signature: _____ Date: _____

Please return completed form to: Hospital Library, Rm. 1301, Black Wing.