

AZERBAIJAN LIBRARY AND INFORMATION CONSORTIUM

Registration Form

Institution:
Head of Institution:
Contact Person (or representative in consortium):
Position:
Languages:
Computer Skills:
Contact Address:
<i>Phone:</i> _____ <i>Fax:</i> _____ <i>E-mail:</i> _____ <i>Website:</i> _____
Number of computers or/and computer labs:
Number of connected to Internet computers:
Internet usage possibility:
<i>Hours per day/month</i>
Type of institution computer network(s)
<input type="checkbox"/> LAN <input type="checkbox"/> Other (please indicate)
Please indicate available online databases:
Please, indicate list of online databases your institution would like to get access:
<i>EBSCOHost</i> <input type="checkbox"/>
<i>American Physical Society</i> <input type="checkbox"/>
<i>Institute of Physics</i> <input type="checkbox"/>
<i>Cambridge University Press</i> <input type="checkbox"/>
<i>BioOne</i> <input type="checkbox"/>
<i>Other (please indicate)</i>
IP address(-es) (required by vendors to register institution):
Type of institution:
<input type="checkbox"/> Governmental <input type="checkbox"/> None- governmental
Number of users and number of employees:
<input type="checkbox"/>
<input type="checkbox"/>
Date:
Signature: