

CAMBRIDGE UNIVERSITY LIBRARY
MEDICAL LIBRARY

Email Direct / Post Direct Registration Form

I wish to register for Email Direct as my first preference, and Post Direct where Email Direct is not available – please complete parts A, B & C

I wish to register for Post Direct only – please complete parts A and C*

(* delete as appropriate)

Part A: BLOCK CAPITALS PLEASE

Library Card Number						For Library Use Only: Expiry Date: _ / _ / _ _ _ _
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Name _____

Full Postal Address _____

(work/ departmental address only) _____

Postcode: _____

Email _____

Part B

For Email Direct:	Please initial to confirm
My computer has Adobe Reader 7 or 8 (plus Adobe Digital Editions) installed.	_____
I have opened the test document successfully (http://tinyurl.com/BLtestpage)	_____
I understand that I will only be able to make one print copy of an article.	_____
I understand that I will not be permitted to store the electronic copy.	_____
I understand that access to any article will expire after 14 days.	_____

Part C

For Email Direct or Post Direct	Please initial to confirm
I understand that it is my responsibility to ensure the library has the most up-to-date contact details.	_____

Signed: **Date:**

FOR LIBRARY USE ONLY	
FUND:	DEPT.:
ACCOUNT:	ENTERED ON VOYAGER?