

LOANSOME DOC REGISTRATION FORM

Please Print or Type all Information

Please complete this form and return to Cynthia Ellison in the library or fax at (904) 244-3191. For any questions please call the library at (904) 244-3240. Upon receipt of the registration form a Loansome Doc account will be created for you using the login and password you have chosen and a confirmation letter will be sent.

Name: _____

Department/Firm: _____

Address: _____

Email Address: _____

Phone Number: () _____

Fax Number: () _____

Please specify a user name and password you would like to use for this account:

Email Address: _____

Password: _____

* This login and password will be kept confidential.

Borland Library Affiliate: YES NO

If Yes, Affiliation: University of Florida Memorial Medical Center
 Shands Jacksonville Annual Membership
 Duval County Medical Society
 Other _____

Status: Attending/Faculty Resident Attorney
 Fellow Student Nurse
 Other _____

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Signature _____

Date _____

(revised May 2008)