

Multimedia Room Application Form

Application Date:

Name		ID/Library ID Number	
Institute		Present Position	
Telephone		Email	
Number of Users			
Desired Tenure	From _____ Year _____ Month _____ Date _____ Hour		
	to _____ Date _____ Hour Total _____ hours(max. 4 hrs.)		
Requested items:			
Title: _____			
Call No. : _____			

Notes:

- *Please hand in this application form in person.
- *Please contact the circulation desk for access to the requested items. .
- *For detailed information please contact: 2652-5284.

Below is for official only

承辦館員： _____	主管核章： _____
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