

## Registration form visitors reading room

Please use capitals only and your name as mentioned on your Identity card.

Surname	Initials	Prefix Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (dd-mm-yyyy)	<input type="text"/>	Male / Female *
Address	<input type="text"/>	
Postal code	<input type="text"/>	
City	<input type="text"/>	
Country/State	<input type="text"/>	
Telephone/Mobile	<input type="text"/>	
E-mail	<input type="text"/>	
ID certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Identity card
Validity (dd-mm-jjjj)	<input type="text"/>	
ID Number	<input type="text"/>	

I would like to stay informed about Ergoed Leiden en Omstreken:

Yes/No \*

By signing this form I declare to be familiar with the service norms as described in the Quality of Service Standards and the house rules, as described in the Regulations for Service which I have received today.

Date:

Signature:

\* Cross out when not applicable

To be completed by an employee of Ergoed Leiden en Omstreken

Bezoekersnummer

Controle identificatie

Paraaf medewerker