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The undersigned (please give **full name** of the contact person for the LSS) herewith subscribes on behalf of the Library stated below for the SUERF Library Subscription Service **as of January 20...** (please complete):

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Please return the completed form to the fax number: +43-1-404 20-7298
SUERF Secretariat c/o OeNB
Otto-Wagner-Platz 3, A-1090 Vienna, AUSTRIA Many thanks in advance!