

An die  
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AUSTRIA

## Registration application for the Historiae Morborum Query Portal

Please complete in block letters

Institution/Company: .....

Institute/Department: .....

Mrs.  Mr. Academic title: .....

Last name: ..... First name(s): .....

Date of birth (DD.MM.YYYY): ..... Business phone number: .....

Business eMail address : .....

Business address: Street: .....

Zip code: ..... City: .....

Country: .....

I am applying for  registration  extension of my registration for the Historiae Morborum Query Portal until  
..... (DD.MM.YYYY, max. 12 months). The full access to the datasource is required for the following tasks

(Please complete in block letters):

.....  
.....

The signatory parties have read and hereby acknowledge the licence agreement specified under the address  
[https://orawww.uibk.ac.at/apex/prod/f?p=otl\\_de:5](https://orawww.uibk.ac.at/apex/prod/f?p=otl_de:5) . The applicant accepts her/his responsibility for the usage of  
this service. The head of the institution confirms that this application is made on behalf of the institution.

.....  
Date Applicant signature Signature head of institution Stamp of institution

Filled in by the project management

Entgegengenommen: .....  Genehmigt  Nicht genehmigt

Begründung : .....

Antwortschreiben gesendet: .....