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**IMPLEMENTATION FORM**

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DATE	<input type="text"/>
NAME OF INSTITUTION	<input type="text"/>
ADDRESS OF INSTITUTION	<input type="text"/>
COUNTRY	<input type="text"/>
NUMBER OF LOCATIONS	<input type="text"/>
PRIMARY CONTACT NAME	<input type="text"/>
EMAIL OF PRIMARY CONTACT	<input type="text"/>
PHONE NUMBER OF CONTACT	<input type="text"/>
NAME OF LIBRARY	<input type="text"/>
LIBRARY URL	<input type="text"/>
FTE	<input type="text"/>
NUMBER OF DATABASES (INCLUDE OPEN ACCESS)	<input type="text"/>
IP ADDRESS OF INSTITUTION	<input type="text"/>
POSSESSION OF OPAC?	<input type="text"/>
IF YES, NAME OF OPAC	<input type="text"/>
POSSESSION OF ILS/LMS?	<input type="text"/>
IF YES, NAME OF ILS/LMS	<input type="text"/>
COMMENTS	<input type="text"/>



