



## HISTOLOGY IMAGE COLLECTION LIBRARY (HICL) APPLICATION FORM

PERSONAL DETAILS	
Last Name:	First Name:
Current employment (Department/Institute/Group/Company):	Country:
Area of activities (i.e. medical imaging):	Contact information (please include address, telephone & <b>e-mail</b> ):
Website:	

ORGANIZATION INFORMATION
Name and full address:
Website:

Your motivation for downloading the MEDISP image library (Please explain how you will use the MEDISP image library)

### License agreement

The HICL is available for use under an academic license in the field of computer science and medical imaging for timely dissemination of scholarly and technical work. Copyright and all rights therein are retained by MEDISP.

