

UNWTO Knowledge Network

UNWTO Knowledge Institutions

Preliminary Application Form



UNWTO Knowledge Network
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 28020 Madrid
 Spain
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 Fax: 0034-915713733
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Expression of Interest & Contact Information

Institution / Organization

Name:	
Street:	
Post code:	
City:	
State:	
Country:	
Web:	

Public sector (government, public-private partnership)

Private enterprise

Other (Please specify)

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Head of the Organization

Title					
First name:					
Middle name:					
Last name:					
Position:					
Street:					
Post code:		City:			
State:		Country:			
Email 1:					
Email 2:					
Telephone 1:	Country code:		Area code:		Number:
Telephone 2:	Country code:		Area code:		Number:
Fax:					

List of addressees

Mailings regarding UNWTO Knowledge Network should be addressed to the following persons:

Title						
First name:						
Middle name:						
Last name:						
Position:						
Street:						
Post code:		City:				
State:		Country:				
Email 1:						
Email 2:						
Telephone 1:	Country code:		Area code:		Number:	
Telephone 2:	Country code:		Area code:		Number:	
Fax:						

Title						
First name:						
Middle name:						
Last name:						
Position:						
Street:						
Post code:		City:				
State:		Country:				
Email 1:						
Email 2:						
Telephone 1:	Country code:		Area code:		Number:	
Telephone 2:	Country code:		Area code:		Number:	
Fax:						

Title					
First name:					
Middle name:					
Last name:					
Position:					
Street:					
Post code:		City:			
State:		Country:			
Email 1:					
Email 2:					
Telephone 1:	Country code:		Area code:		Number:
Telephone 2:	Country code:		Area code:		Number:
Fax:					

Specialization in Knowledge Management

(Please choose one or several)

- Research and codification of knowledge
- Dissemination of knowledge (Education, training, publications, etc.)
- Application of knowledge (Patents, voluntary standards, best practices, codes, etc.)

Please send (or indicate website) any additional information that you may consider important for UNWTO to understand the involvement of your institution with Science, Innovation and Knowledge Management issues.

By submitting this information for the consideration of the UNWTO we declare our intent to acquire membership in the UNWTO Knowledge Network as a UNWTO Knowledge Institution, and to assume the rights and obligations inherent in such membership.

Name of signing authority:	
Position:	

Information provided by:

First name:	
Middle name:	
Last name:	
Position:	
Email:	

**Thank you very much for the information provided. Please send this form and any additional information back to innova@unwto.org
UNWTO will contact you in the next few days.**