EDMED PART A : DATA HOLDING CENTRE DESCRIPTION

Fill out only the first time or if changes have occurred

*CENTRE-NAME:

*CENTRE-HOST:

*VISIT-ADDRESS:

*COUNTRY:

*CENTRE-WEBSITE:

---

*DESCRIPTION:

---

*CONTACT-NAME:	***CONTACT-NAME:**
*CONTACT-TITLE:	***CONTACT-TITLE:**
*POST-ADDRESS:	***POST-ADDRESS:**
*PHONE:	***PHONE:**
*FAX:	***FAX:**
*EMAIL:	***EMAIL:**

*ENTRY-DATE:

This is a sample form which may be reprinted if you are preparing hand-written submissions. Entries can also be submitted in wordprocessor form by electronic mail or on floppy disk.

EDMED PART B : DATA SET DESCRIPTION

*DATASET-NAME:

*TIME-PERIOD:

*GEOGRAPHIC-COVERAGE:

*PROJECT:

*PARAMETERS:

*INSTRUMENTS:

---

*SUMMARY:

---

*REFERENCE:

*DATA-WEBSITE:

*ORIGINATOR:

*CENTRE:

*STORAGE-MEDIUM:

*AVAILABILITY:

*SUPPLY-DETAILS:

*CONTACT:

*COMPLETED-BY: ***ENTRY-DATE:**

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