

**SEMINARIO IBEROAMERICANO**

**SOBRE ACCESIBILIDAD Y SEGURIDAD ANTE EMERGENCIAS**

Propuesta de buena práctica

Opcional: Propuesta de “buena práctica” relacionada con la accesibilidad y emergencias impulsada desde la institución/entidad que representa para optar a una Ayuda Completa.

**TITULO DE LA EXPERIENCIA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATOS DE LA INSTITUCIÓN EJECUTORA:** Nombre, dirección, página web.

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**PAIS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESCRIPCIÓN:** (máximo 500 palabras)

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**INFORMACIÓN COMPLEMENTARIA:** (links a webs, documentación adjunta, otros, …)

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**MESA PROPUESTA PARA SER PRESENTADA LA EXPERIENCIA:** (ver programa provisional)

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**PONENTE:** Nombre y cargo en la institución/entidad

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Firma del máximo representante de la institución/entidad:

Nombre y Apellidos

Cargo