

Executive Development Institute for Tourism Application Form

Please type or print clearly

- Check here if you are applying for a PATA scholarship
Please provide your PATA Membership number below:

PATA Membership Number

School of
TRAVEL INDUSTRY MANAGEMENT



SECTION I: NAME AND ADDRESS

- Mr. Ms. Mrs. Miss

Name: _____
Family Name

First Name M.I.

The organization you work for

Your sponsoring organization

Title/Position Years in the position

Business street address (program materials may be sent to you via express mail)

City, State/Province

Zip/Postal Code Country

Business Telephone (include country & city code)

Facsimile (include country & city code)

E-mail

SECTION II: CURRENT INDUSTRY EXPERIENCE

Person to whom you report:

Full Name

Title/Position

Telephone (include country & city code)

Facsimile (include country & city code)

What are the primary responsibilities of your position?

What type of organization are you currently employed with? (select one)

- Educational Institute Government Hotel
 Media Publication Transportation
 Travel Service Tourism Assoc. Other: _____

SECTION III: PATA SCHOLARSHIP INFORMATION (FOR PATA MEMBERS ONLY)

If your organization is a member of the Pacific Asia Travel Association and is interested in applying for a partial scholarship (covering approximately half of the program cost), include with your application:

- A brief essay on why you wish to attend the EDIT program and your future career plans
- Your most recent curriculum vita or resume
- An official sponsor recommendation letter including information on you or your company's ability to finance the balance of the cost

Your EDIT application and scholarship materials should reach PATA Operational Headquarters by **April 1**. Send to:

Attention: EDIT Scholarship
Pacific Asia Travel Association
Unit B1, 28th Floor, Siam Tower
989 Rama 1 Road, Pathumwan
Bangkok 10330, Thailand
Tel: (66-2) 658-2000
Fax: (66-2) 658-2010
E-mail: foundation@PATA.org

You are also required to register for EDIT with the School of Travel Industry Management by faxing a copy of the EDIT application to (808) 956-5378. The preregistration fee of US\$1000.00 should also be sent to the School of Travel Industry Management directly. (see Section VI for more information on payment)

SECTION IV: PREVIOUS INDUSTRY EXPERIENCE & EDUCATION

What special professional interest in tourism do you have?

Principal positions held previously:

Organization	Dates	Position
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How proficient are you in English?

- | | | | |
|-----------|---------------------------------|------------------------------------|-------------------------------|
| Reading: | <input type="checkbox"/> Fluent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Fair |
| Speaking: | <input type="checkbox"/> Fluent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Fair |
| Writing: | <input type="checkbox"/> Fluent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Fair |

Higher Education:

Higher Education Institution Attended	From	To	Degree	Main Field
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Experience or familiarity in the following areas:

- | | | | |
|-------------------------------------|---------------------------------|-----------------------------------|--------------------------------------|
| Human Resource Management | <input type="checkbox"/> Strong | <input type="checkbox"/> Moderate | <input type="checkbox"/> Little/None |
| Information Systems | <input type="checkbox"/> Strong | <input type="checkbox"/> Moderate | <input type="checkbox"/> Little/None |
| Marketing and Promotion | <input type="checkbox"/> Strong | <input type="checkbox"/> Moderate | <input type="checkbox"/> Little/None |
| Product Development | <input type="checkbox"/> Strong | <input type="checkbox"/> Moderate | <input type="checkbox"/> Little/None |
| Research and Planning | <input type="checkbox"/> Strong | <input type="checkbox"/> Moderate | <input type="checkbox"/> Little/None |
| Strategy Development/Implementation | <input type="checkbox"/> Strong | <input type="checkbox"/> Moderate | <input type="checkbox"/> Little/None |
| Tourism Policy | <input type="checkbox"/> Strong | <input type="checkbox"/> Moderate | <input type="checkbox"/> Little/None |

SECTION V: PERSONAL DATA

In case of emergency contact:

Name of Contact	Relationship	Telephone (include country & city code)
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Please sign here giving TIM authorization to use photos of yourself in marketing materials.	Date
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SECTION VI: DEADLINE & PAYMENT

The application and preregistration fee of US\$1000.00 (which will be credited toward the total program fee of US\$3,395) must be submitted to the School of Travel Industry Management by **April 1**. Balance of the program fee is due by **May 31**. Please remit payment to the **Research Corporation of the University of Hawaii** and send to:

EDIT
School of Travel Industry Management
University of Hawai'i at Mānoa
2560 Campus Road, George Hall 225
Honolulu, HI 96822 USA

SAVE