

Ship Observations Team

National Report for 2008

| | | |
|----|----------------|-------|
| 1. | Country | Spain |
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| 2. | Prepared by | Maria-Josefa Irigaray |
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3. Contributing national marine organizations:

Insert as applicable – VOS / VOSclim / SOOP / ASAP – Include additional detail where appropriate e.g (data management).

| | |
|---------------------|---|
| Organization | AEMET (Agencia Estatal de Meteorología) |
| Programmes # | VOS/ASAP |
| Website URL | Inm.es |

| | |
|---------------------|--|
| Organization | |
| Programmes # | |
| Website URL | |

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| Organization | |
| Programmes # | |
| Website URL | |

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| Programmes # | |
| Website URL | |

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| Organization | |
| Programmes # | |
| Website URL | |

4. **List of National Focal Points for SOT / VOS / VOSClim / SOOP / ASAP** (see Appendix 1):
5. **List of Port Meteorological Officers** (see Appendix 2):
6. **Programme Reports**

Appendix 1: List of National Focal Points for SOT / VOS / VOSClm / SOOP / ASAP

Spain

| Focal Point * | VOS | ASAP | |
|-----------------------|---|---|--|
| Name | Maria-Josefa Irigaray | Manuel Gil | |
| Title | Chief, Departament Control and Techical Studies | Chief, Observation and Instrumentation Service | |
| Agency | AEMET | AEMET | |
| Postal Address | C/ Leonardo Prieto Castro, 8 28040 MADRID SPAIN | C/ Leonardo Prieto Castro, 8 28040 MADRID SPAIN | |
| Email | Irigaray@inm.es | gilg@inm.es | |
| Telephone | | | |
| Facsimile | | | |

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|-----------------------|--|--|--|
| Focal Point * | | | |
| Name | | | |
| Title | | | |
| Agency | | | |
| Postal Address | | | |
| Email | | | |
| Telephone | | | |
| Facsimile | | | |

* Insert as appropriate - SOT / VOS / VOSClm / SOOP / ASAP

Appendix 2: List of Port Meteorological Officers

(insert Country)

| | | | |
|-----------------------|--|--|--|
| Port / Office | | | |
| Name | | | |
| Title | | | |
| Postal Address | | | |
| Email | | | |
| Telephone | | | |
| Facsimile | | | |
| Comment | | | |

| | | | |
|-----------------------|--|--|--|
| Port / Office | | | |
| Name | | | |
| Title | | | |
| Postal Address | | | |
| Email | | | |
| Telephone | | | |
| Facsimile | | | |

| | | | |
|-----------------------|--|--|--|
| Port / Office | | | |
| Name | | | |
| Title | | | |
| Postal Address | | | |
| Email | | | |
| Telephone | | | |
| Facsimile | | | |

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|-----------------------|--|--|--|
| Port / Office | | | |
| Name | | | |
| Title | | | |
| Postal Address | | | |
| Email | | | |
| Telephone | | | |
| Facsimile | | | |