 REGISTRATION REQUEST FORM: Asia Training Center

Please PRINT clearly

Registration will close on 24 June, 2016 (registration may close at searlier timing if the registration exceeds our capacity).

Formal announcements will be made after the close date.

To: Dr Tatsuya KONDO, Chief Executive, PMDA

I hereby apply for the “PMDA-ATC Pharmaceuticals Review Seminar 2016” offered by the Asia Training Center for Pharmaceuticals and Medical Devices Regulatory Affairs (PMDA-ATC) at PMDA Office in Tokyo from July 25 to 29, 2016.

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| --- | --- | --- | --- | --- | --- |
| Dr  Mr  Ms | Last name  Click and fill in | | First name  Click and fill in | | |
| Full name for badge, if different than the above | | Click and fill in | | | |
| Job title | | Click and fill in | | | |
| Affiliation | | Click and fill in | | | |
| Office address | | Click and fill in | | Country / Region  Click and fill in | |
| Office phone number | | Click and fill in | | | |
| Attendee e-mail address | | Click and fill in | | | |
| Health condition | | Good Others (Click and fill in any notes) | | | |
| Documents required for traveling to Japan  Official letter issued by PMDA   * If yes, state who the official letter should be addressed to Click and fill in   Visa related documents   * Confirm details with the following site <http://www.mofa.go.jp/j_info/visit/visa/index.html> * Copy of the passport is required in order to issue the documents * Click on required documents   Letter of Guarantee  Letter of reason for invitation  List of visa applicants  Schedule of stay  Others(Click and fill in) | | | | | |
| Special needs and requests(ie: dietary restrictions, pray rooms)  Click and fill in | | | | | |
| Description of the current work  Click and fill in | | | | | Years of experience as a new drug application reviewer  Years Years |
| Expectations for the training course  Click and fill in | | | | | |

NOTE: Certificate of participation may not be issued in case of absences from any part of the program.

I certify that the information on this registration form is correct, and agree that the information will be disclosed to other participants and seminar related members (including but not limited to lecturers, administrative staffs, staffs at the visiting sites).

Signature Date

I, name of the head of the organization agree with the submission of the above registration form.

Signature (Head of Organization) Date