 REGISTRATION REQUEST FORM

PMDA-ATC Pharmaceuticals Review Seminar 2016 in Bangkok, Thailand

Registration will close on 31 August 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 in Bangkok, Thailand” offered by the Asia Training Center for Pharmaceuticals and Medical Devices Regulatory Affairs (PMDA-ATC) on September 26-29, 2016.

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| ☐ Dr  ☐ Mr  ☐ Ms | Last name  Click and fill in | | First name  Click and fill in | | |
| Any other names you wish to be called | | 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 Thailand  ☐Official letter issued by PMDA   * If yes, state name of the person the official letter should be addressed to Click and fill in   ☐Others(Click and fill in) | | | | | |
| Special needs and requests(ie: halal food) Note that pray room is not available at the hotel.  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 (please be specific)  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 and title of the head of the organization agree with the submission of the above registration form.

Signature (Head of Organization) Date

Name and title of Head of Organization (Print clearly) Date