PMDA-ATC REGISTRATION REQUEST FORM

PMDA-ATC MRCT Seminar 2017

Registration will close on November 30, 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 MRCT Seminar 2016” offered by the Asia Training Center for Pharmaceuticals and Medical Devices Regulatory Affairs (PMDA-ATC) at PMDA Office in Tokyo from January 23-26, 2017.

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| --- | --- | --- |
| [ ]  Dr[ ]  Mr[ ]  Ms | Last nameClick and fill in | First nameClick and fill in |
| Any other names you wish to be called | Click and fill in |
| Job title | Click and fill in |
| Affiliation(department, organization) | Click and fill in |
| Office address | Click and fill in | Country / RegionClick 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* State the name of the person to put on the official letter: 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: halal food, dietary restrictions, pray rooms)Click and fill in |
| Describe your regulatory experience or appointments in the last five years (especially the experience on the reviewing clinical data including data from more than one country or GCP inspection of MRCT).Click and fill in | Years of experience in reviewing clinical data from more than one countryYears Years |
| State one problem you encounter at work and why it is important for you to solve it.Click and fill in |  |
| How you expect this workshop could help in your current or future positions? (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 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