

REGISTRATION REQUEST FORM

PMDA-ATC CMC/GMP Seminar 2019 in Hanoi, Vietnam

Registration will close on **Sptember 30, 2019**.

To: Dr. Yasuhiro FUJIWARA, Chief Executive, PMDA

I hereby apply for the “PMDA-ATC CMC/GMP Seminar 2019 in Hanoi, Vietnam” offered by the Asia Training Center for Pharmaceuticals and Medical Devices Regulatory Affairs (PMDA-ATC), which is held in Hanoi on October 9, 2019.

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| M  F | Dr | Full name  \*Information here will be used for your official acceptance letter and certificate  Click and fill in | | | | |
| Job title | | | Click and fill in | | | |
| Affiliation | | | Click and fill in | | | |
| Office address | | | Click and fill in  Postal code: Click and fill in | | Country / Region  Click and fill in | |
| Phone number | | | Office: Click and fill in Mobile: Click and fill in | | | |
| Attendee e-mail address | | | Click and fill in (Please enter e-mail address that can be contacted in urgent situation) | | | |
| Name and title of head of organization | | | Click and fill in (e.g. “Dr. Yasuhiro Fujiwara, Chief Executive of PMDA”)  \* One letter addressed to you and the head of your organization will be provided | | | |
| Health condition | | | Good  Others(Click and fill in) | | | |
| Special needs and requests (e.g. prayer room) Click and fill in | | | | | | |
| Your expertise field  Review　　GMP Inspection　　 Safety　　 General  Others | | | | Level of expertise in your primary field  Beginner　 Intermediate  Advanced | | |
| Describe your current regulatory appointments as much detailed as possible.  Click and fill in | | | | | | Years of experience as a  reviewer of medical devices  Click and enter number Years |
| What specific issue you want to address in your work and what aspect you expect to learn from the seminar.  Click and fill in | | | | | | |

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

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| \*PMDA would like to send announcements regarding PMDA international activities (e.g., PMDA-ATC seminars, PMDA Updates) to your email address. If you do NOT wish to receive these emails, please check the following box.  I do not wish to receive these announcements. |

I certify that the information on this registration request 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 staff, staff at the visiting sites).

Signature Date

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

Signature (Head of Organization) Date

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