REGISTRATION REQUEST FORM

PMDA-ATC with National Cancer Center MRCT Webinar 2021

Registration will close on **November 3, 2020**. Formal announcements will be made to the approved participants after the closing date.

To: Dr. FUJIWARA Yasuhiro, Chief Executive, PMDA

I hereby apply for the “PMDA-ATC with NCC Multi-Regional Clinical Trials Webinar 2021” offered by the Asia Training Center for Pharmaceuticals and Medical Devices Regulatory Affairs (PMDA-ATC) with National Cancer Center Japan (NCC) which will be held online from January 18-21, 2021.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Male  Female | Dr | Full name  \*Information entered here will be used for your certificate of completion  Click and fill in | | | | | |
| Job title | | | Click and fill in | | | | |
| Department/Division | | | Click and fill in | | | | |
| Organization | | | Click and fill in | | | | |
| Country/Region | | | Click and fill in | | | | |
| Attendee e-mail address | | | Click and fill in (Please enter e-mail address that can be contacted in urgent situation) | | | | |
| Phone number | | | Office: Click and fill in Mobile: Click and fill in | | | | |
| Name and title of the head of organization | | | Name: Click and fill in (e.g. “Dr. FUJIWARA Yasuhiro”: Make sure to include Mr. Ms. or Dr.)  Title: Click and fill in (e.g. “Chief Executive of PMDA”)  \* One letter addressed to you and the head of your organization will be provided | | | | |
| **Requirements for participating in the webinar**:   * **Cisco Webex**   This webinar will be organized on the Cisco Webex conferencing system. Have you ever joined an online meeting using any of the Webex conferencing products before?  YES (Name of the Webex conferencing product(s))  NO   * **Saving the Date**   Will you be able to access to the LIVE sessions starting around 1 P.M. for Day 1 and 2 P.M. for Day 2-4 Japan Standard Time (JST; UTC+9) during the webinar period?  (Confirm Program from: <https://www.pmda.go.jp/files/000236723.pdf>)  YES  NO  I am not sure yet, because Please let us know in detail   * **System and Network Check**   Please select from below time slots for your connection test. Multiple answers are allowed; the test will take approx. 10 min per person.  (Confirm the system requirements to use Cisco Webex from:<https://www.pmda.go.jp/files/000236955.pdf>)   |  |  | | --- | --- | | 14:00-15:00 JST, Thursday, December 10 | 14:00-15:00 JST, Friday, December 11 | | 15:00-16:00 JST, Thursday, December 10 | 15:00-16:00 JST, Friday, December 11 | | 16:00-17:00 JST, Thursday, December 10 | 16:00-17:00 JST, Friday, December 11 |     \* Click and fill in if you have any comments | | | | | | | |
| Your expertise field &  Years of experience | | | Review | GCP  Inspection | Safety | General | Others  (Click and fill in) |
|  | | | [  ] Years | [  ] Years | [  ] Years | [  ] Years | [  ] Years |
| Level of expertise  in your primary field | | | Beginner　　  Intermediate　　  Advanced | | | | |
| Describe your current regulatory appointments as much detailed as possible.  Click and fill in | | | | | | | |
| 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 Click and fill in the Name of the Applicant declare 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 other associated sites).

Signature Date

I, Click and fill in the Name of the Supervisor agree with the submission of the above registration request form.

Signature (Applicant’s supervisor) Date

Click and fill in the Title of the Supervisor

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For administrative purpose only

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| Click and fill in | | Click and fill in | | Click and fill in | | Click and fill in | | Click and fill in | |

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|  | Name of the Webex conferencing product(s) |  |  |  | Please let us know in detail |  |  |  |
|  |  |  | Click and fill in if you have any comments |  |  |  |  |  |
|  |  |  |  | Click and fill in |  |  |  |  |

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| Click and fill in | Click and fill in |  |