REGISTRATION REQUEST FORM

PMDA-ATC Pharmaceuticals Review Seminar 2017

Registration will close on **April 14, 2017** (registration may close at earlier 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 2017” offered by the Asia Training Center for Pharmaceuticals and Medical Devices Regulatory Affairs (PMDA-ATC), which is held at PMDA Office in Tokyo from June 26 to 30, 2017.

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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 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 (i.e., halal food, dietary restrictions, prayer 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 (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 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 staffs, staffs at the visiting sites).

Signature Date

I, name of the head of the 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