

REGISTRATION REQUEST FORM

PMDA-ATC Pharmaceuticals Review Seminar 2020 in Jakarta, Indonesia

Registration will close on **January 20, 2020**. Formal announcements will be made to the approved participants after the closing date.

To: Dr. Yasuhiro FUJIWARA, Chief Executive, PMDA

I hereby apply for the “PMDA-ATC Pharmaceuticals Review Seminar 2020 in Jakarta, Indonesia” offered by the Asia Training Center for Pharmaceuticals and Medical Devices Regulatory Affairs (PMDA-ATC), with cooperation by Japan International Cooperation Agency (JICA) and National Agency of Drug and Food Control (NA-DFC), from February 13 to 14, 2020.

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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 | | | |
| Department/Organization | | | 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) | | | |
| Health condition | | | Good  Others(Click and fill in) | | | |
| Your expertise field  Review　　 Safety　　Inspection　　 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 drug application reviewer  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