

REGISTRATION REQUEST FORM

PMDA-ATC Medical Devices Webinar 2020

Registration will close on **September 21, 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 Medical Devices Webinar 2020” offered by the Asia Training Center for Pharmaceuticals and Medical Devices Regulatory Affairs (PMDA-ATC), which will be held online from November 16 to 20, 2020.

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| [ ]  Male[ ]  Female | [ ]  Dr  | Full name \*Information entered here will be used for your certificate of completionClick and fill in |
| Job title | Click and fill in |
| Organization &Department/Division | Click and fill in (e.g. “Office of New Drug I, Pharmaceuticals and Medical Devices Agency”) |
| 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 | Click and fill in (e.g. “Dr. FUJIWARA Yasuhiro, 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 2 P.M. Japan Standard Time (JST; UTC+9) during the webinar period? (Confirm Program from: https://www.pmda.go.jp/files/000236180.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/000235871.pdf)

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| [ ]  14:00-15:00 JST, Monday, October 12 | [ ]  14:00-15:00 JST, Tuesday, October 13 |
| [ ]  15:00-16:00 JST, Monday, October 12 | [ ]  15:00-16:00 JST, Tuesday, October 13 |
| [ ]  16:00-17:00 JST, Monday, October 12 | [ ]  16:00-17:00 JST, Tuesday, October 13 |

 \* Click and fill in if you have any comments |
| Your expertise field &Years of experience | [ ]  Review | [ ]  GMPInspection | [ ]  Safety | [ ]  General | [ ]  Others(Click and fill in) |
| [ ] Years | [ ] Years | [ ] Years | [ ] Years | [ ] Years |
| Level of expertisein 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 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, name of the applicant’s supervisor agree with the submission of the above registration request form.

 Signature (Applicant’s supervisor) Date

 Name and title of the Supervisor (Print clearly)