MEETING REQUEST FORM: ASSESSMENT

Please complete each section of this application form and submit electronically as a Word document to: Dr M. Stahl, Head of Assessments at [stahlm@who.int](file:///C%3A%5CUsers%5Cdoumbouyavitaa%5CDownloads%5Cstahlm%40who.int)

You may wish to forward information in support of your meeting request. Information attachments in electronic format that are less than 5MB in size can be emailed to PQP together with the completed meeting request form. But attachments in electronic format that are larger than 5MB should be submitted on CD/DVD, or else printed and sent by courier or surface mail to: Dr M. Stahl, WHO Prequalification Team, World Health Organization, 20 avenue Appia, 1211 Geneva, Switzerland.

# Contact Details

|  |  |
| --- | --- |
| Applicant (name of manufacturer) |       |
| Contact person responsible for this application |       |
| Contact person's job title/position |       |
| Contact details (Including full postal address, phone, fax, email) |       |

# Meeting Details

## Type of meeting requested

Face-to-face [ ]  Teleconference [ ]  Videoconference [ ]

## Brief statement of the purpose of the meeting and where the meeting fits in your overall dossier development/plans for submission for WHO prequalification

## Specific objectives/outcomes expected from the meeting

## Preliminary proposed agenda including estimated time needed for each agenda item and designated speaker(s)

## List of specific questions by technical area

## List of all individuals (including titles) who will attend the proposed meeting from the applicant’s organization and/or consultants.

## Proposed date(s) and time(s) for the meeting

# Additional information is attached: Yes [ ]  No [ ]

# Additional information will be forwarded separately: Yes [ ]  No [ ]

Completed by:       Date:

For WHO internal use Only

|  |  |
| --- | --- |
| Internal Reference |  |
| Scheduled date and time of meeting |  |
| Location |  |