

WHO PQT Medicines BTP/SBP Workshop for Manufacturers

2 October 2026

Application form

Company Name:	
Company Address:	
Telephone number:	
Selected company participants: - Name(s), job title and function - Primary contact if more than one person	
Please enclose brief CVs	
Date & Place	
<i>Signature of company responsible</i> Name, Job title and function, Company	

Please send the completed APPLICATION FORM to Mr Wondiyfraw Worku zelekew@who.int
(cc Ms A. Doumbouya Vita at doumbouyavita@who.int)