WHO-EN-C-H

**WHO PQT Medicines BTP/SBP Workshop for Manufacturers**

27 September 2024

**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 |  |
| *Signature of company responsible*  Name, Job title and function, Company | |
|  |  |

Please send the completed APPLICATION FORM to Dr Matthias Stahl [stahlm@who.int](mailto:stahlm@who.int)

(cc Ms A. Doumbouya Vita at [doumbouyavitaa@who.int](mailto:doumbouyavitaa@who.int))