

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

27 September 2024

**Application form**

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| 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

(cc Ms A. Doumbouya Vita at doumbouyavitaa@who.int)