

## WHO PQT Medicines Virtual Quality Workshop for Manufacturers

27-30 October 2025

### 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 Dr Matthias Stahl [stahlm@who.int](mailto:stahlm@who.int)  
(cc Ms A. Doumbouya Vita at [doumbouyavita@who.int](mailto:doumbouyavita@who.int))