WHO PQT Medicines Virtual Quality Workshop for Manufacturers

28 September – 1 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	
Signature of company responsible 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 doumbouyavitaa@who.int)