**TURKISH MEDICINES AND MEDICAL DEVICES AGENCY - REGULATORY AND SUPERVISORY AUTHORITY: 2nd INFORMATION MEETING FOR MEDICINES AND MEDICAL DEVICES AUTHORITIES**

**May 07-10, 2018**

**Ankara / TURKEY**

**REGISTRATION FORM**

Please provide all the following information

|  |  |
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| TITLE |  |
| NAME |  |
| SURNAME |  |
| INSTITUTION / ORGANISATION |  |
| POSITION |  |
| ADDRESS |  |
| COUNTRY |  |
| PHONE |  |
| E-MAIL |  |
| * PLEASE MARK TRAINING TOPIC(S) YOU ARE INTERESTED IN   MEDICINES  MEDICAL DEVICES  COSMETIC PRODUCTS  PHARMACOECONOMICS | |
| * PLEASE SPECIFY IF YOU WOULD LIKE TO MAKE A 15 MIN PRESENTATION ABOUT YOUR ORGANIZATION   YES  NO | |