**TURKISH MEDICINES AND MEDICAL DEVICES AGENCY - REGULATORY AND SUPERVISORY AUTHORITY: 3rd INFORMATION MEETING FOR MEDICINES AND MEDICAL DEVICES AUTHORITIES**

**June 11-13, 2019**

**Ankara / TURKEY**

**REGISTRATION FORM**

Please provide all the following information

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