Application of Meeting Request

All fields are mandatory

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| **Date of publication** | 11 November 2018 |
| **Version** | 2.0 |

*To Request a meeting with Drug Sector, send this application to:*

[*Drug.VP@sfda.gov.sa*](mailto:Drug.VP@sfda.gov.sa)

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| --- | --- | --- |
| **Applicant information**  (*Include name of contact person, phone no. and e-mail address* ) |  | |
| **Purpose and objective(s)** | * **Purpose**: * **Objective(s)**: | |
| **Proposed agenda** | **Agenda point(s)** | **Estimated time** |
|  | [\*\*\*]minutes. |
|  | [\*\*\*]minutes. |
|  | [\*\*\*]minutes. |
| *Note: The time should*  *be determined for each point.* | **Total Estimated Time:** |
| **Proposed question(s)** |  | |
| **List of participants from the organization** | **Name** | **Title** |
|  |  |
|  |  |
|  |  |
| **Type of meeting**  (*Check the box*) | **Face to face** | |
| **Face to face and remote (Video / Teleconference)**   * *Connection information:* | |
|  | |
| **Drug sector executive directorate**  (*Check the box*) | **Executive Directorate of Regulatory Affairs** | |
| **Executive Directorate of Pharmaceutical Products Evaluation** | |
| **Executive Directorate of Pharmacovigilance** | |
| **Drug Availability and Tracking Centre** | |
| **List of document(s) attached to support the meeting request** |  | |
| **Suggested date and time**  (*Three suggestions should be addressed*) | **Date** | **Time** |
|  |  |
|  |  |
|  |  |

I hereby certify that the submitted information is true and accurate.