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*

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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:*
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|  |
| **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.