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** | **Full Name** |  | |
| **Job title** |  | |
| **Contact information (Email and phone number)** |  | |
| **Organization** |  | |
| **Purpose of the Meeting:**   * A brief description of the reason for the meeting. * Expected goals of the discussions. | |  | |
|  | |
| **Expected participants** | | **Name** | **Title** |
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| **Type of meeting**  (*Check the box*) | | **Physical Meeting** | |
| **Virtual Meeting** | |
|  | |
| Special Arrangements  (Any special arrangements that need to be made (e.g., presentations,..etc).) | |  | |
| **Attachment**  If there are any documents or materials relevant to the discussions. | |  | |
| **Proposed Department(s)** | |  | |
|  | |
|  | |
| **Suggested date and time**  (*Three suggestions should be addressed*) | | **Date** | **Time** |
|  |  |
|  |  |
| **Expected time for discussions.**  (Minutes, hours) | |  | |