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** | **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.
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| **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)** |  |
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| **Suggested date and time**(*Three suggestions should be addressed*) | **Date** | **Time** |
|  |  |
|  |  |
| **Expected time for discussions.**(Minutes, hours) |  |