

Nomination form
Participant from Manufacturing site or CRO

**Training workshop on Pharmaceutical Development with focus
on Paediatric Formulations
Mumbai, India, April 2008**

(Note: To be completed by the person in the company who is responsible for nominating the participant and who has the mandate to allow the person to attend the workshop)

Name of Manufacturer:	
Postal address:	
Telephone number:	
Fax number:	
Name of person responsible for nominating the participant:	
Title (also indicate Mr, Miss or Mrs) :	
E mail address:	
I understand that the company is responsible for covering all the costs for the person to attend the workshop (including travel and accommodation). There is no registration fee to participate.	
Signature:	
Date:	
Position in the company:	
Name of person being nominated to participate:	
Title (also indicate Mr, Miss or Mrs) :	
E mail address:	
Position in the company and area of work / responsibility:	
Number of years in this position:	
Qualifications:	
Understanding of the English language:	Good / Average
Knowledge of Pharmaceutical development:	
Knowledge of Paediatric	

formulations:	
Special diet requirements:	Veg / Non-veg

Please fax or email the completed form to reach us before 15 February 2008.

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