EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

27 July 2011
EMA/585618/2011
Unit for Information and Communications Technology

# Electronic summary of product characteristics workshop

Participation request

## Personal information

First name:

Last name:

E-mail:

## Organisation information

Organisation name:

Address:

Phone number:

Please let us know why you are interested in participating in this workshop:

| |
|---|
| |

Date: dd/mm/yyyy

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