



# Global Harmonization Working Party

GHWP Towards Medical Device Harmonization

## GHWP TC Working Group / Special Task Group Registration Form

New application                       Update of Contact Details

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Title:  Mr  Ms  Dr  Prof

Industry  No. of years of direct experience: \_\_\_\_\_

Regulator

Others  Please specify:  Certification Body /  Notified Body

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_ Fax: \_\_\_\_\_

Country/Region: \_\_\_\_\_ (Place you are based in)

Email: \_\_\_\_\_

Working experience in regulatory affairs:  
\_\_\_\_\_  
\_\_\_\_\_

I wish to apply to be a member of WG\*\* No. [ \_\_\_\_\_ ] Name of WG\*\*: \_\_\_\_\_

Are you a member of other WGs? \_\_\_\_\_

If yes, please name the WG and status of membership: WG No.: [ \_\_\_\_\_ ] Name of WG\*\*: \_\_\_\_\_

What are the main reasons why you would like to be part of this GHWP WG?  
\_\_\_\_\_  
\_\_\_\_\_

Signature of the Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the form and submit to the GHWP Secretariat: [secretariat@ghwp.info](mailto:secretariat@ghwp.info)

To update the changes in your contact details please submit this completed form to the above email address.

\*\* WG – GHWPTC Work Group