Registration & Questionnaire

Company name, address, and contact person:

What does your company do? You can attach a brochure or refer to your homepage.

When do you want to get your QMS certified?

For what kind of medical device do you seek EC certification and when?

Please, specify the intended use of your device.

How is the device classified according to the European medical device regulation?

What do you expect from the Workshop?

Which workshop(s) are you interested in?

* QMS without SW part (1st to 7th workshops)
* SW part QMS (8th workshop)

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| --- | --- |
| Names of participants: |  |
|  |  |

I herewith register for the confinis ISO 13485 QMS development Workshop for Medical Device/IVD Start-Ups.

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*Place, Date Name Signature*