



SUBSCRIPTION FORM
REMAREG®
 Two Years

COMPANY :	
CONTACT PERSON :	
E-MAIL :	
PHONE :	
ADDRESS:	

DURATION: 24 months

REQUEST FOR SUBSCRIPTION QUOTE FOR:

Country(ies)	Drug products /OTC	Clinical studies	Food Supplements	Medical devices	Cosmetics	Other request	Number of access
AFRICA							
Tunisia							
Algeria							
Morocco							
Mauritania							
Coast of Ivory							
Burkina Fasso							
Senegal							
Burundi							
Niger							
Guinea							
Congo (Kinshasa)							
Congo (Brazzaville)							
Rwanda							
Gabon							
Cameroun							
Chad							
Madagascar							
Togo							
Mali							
Ghana							
Other							
MIDDLE EAST							
Saudi Arabia							
United Arab Emirates							
Jordan							
Lebanon							
Other							

Return this form filled by email to:

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