Start-Up Registration Form

Company Details:

Company Name:	Company Website:	Phone Number:	
Contact's Name:	Fax:	Cell:	
Position:	Email:	Company Address:	
	l be reserved for the presenter on the condition	tober 1, 2018) + tax as a service fee, with spots reserved on a "first that approval is obtained from the organizing company	
Criteria for participation in the S	tart Up Pavilion:		
	and enjoy corresponding subsidies; a start-up must vate entrepreneurs and/or venture capital and annua	meet the following criteria: Founded after 2009, manufactures al income does not exceed \$500,000 Revenue.	
Each qualifying start up will recieve a	place to exhibit in the international arena of th	e Start-up pavilion.	
* Mark and answer each section I	isted below:		
If you have asked for and/or rece	ived support from one or more of the foll	owing sources:	
☐ National Organization (ie Chief Scientist)			
\Box Technological Incubators			
□ Venture Capital			
\square I have not asked for or received support from the above sources.			
Did last year's sales revenues exceed \$500,000 Revenue?			
Yes			
No			
Was the company founded after 2	2009?		
Yes			
No			
Please select the categories that	fit your startup:		
☐ Fraud	☐ Intelligence/GRC (Govern	nance, Risk & Compliance)	
☐ Identity & Access Management	☐ Data Protection & Recove	☐ Data Protection & Recovery	
☐ Application & Web Security	☐ Mobile Security	☐ Mobile Security	
☐ Network Security	☐ ICS/IOT Security		
☐ End-Point Security	☐ Cloud Security		
☐ Cyber Security Services	\Box Other		
Approved by:			
Would you like to participate at the Cy	bertech Startup Competition?		
Yes			
No			
Name of CEO:	Signature:	Date:	
TI			

The scanned form must be delivered via e-mail address: atalia.z@cybertechconference.com

For more details: Office Number: +972 74-703-1211 Fax: +972 9-767-1857