

Start-Up Registration Form

Company Details:

Company Name:	Company Website:	Phone Number:
Contact's Name:	Fax:	Cell:
Position: Email:_	Compa	ny Address:
Registration for the exhibition is \$\frac{1}{2}\$\in\$ 800 plus VAT as a service fee, with spots reserved on a "first come, first served" basis. The area will be reserved for the presenter on the condition that approval is obtained from the organizing company (Cybertech) and meets all start-up and deadline requirements.		
Criteria for participation in the Start U	lp Pavilion:	
In order to qualify for the Start Up Pavilion and enjoy corresponding subsidies; a start-up must meet the following criteria: Founded after 2007, manufactures high-technology products, is owned by private entrepreneurs and/or venture capital and annual income does not exceed \$750,000 Revenue.		
Each qualifying start up will receive a high-table space to exhibit in the area of the Cybertech Start Up Pavilion.		
* Mark and answer each section listed	below:	
If you have asked for and/or received ☐ National Organization (ie Chief Scien ☐ Technological Incubators ☐ Venture Capital ☐ I have not asked for or received supplements.	ntist)	owing sources:
Did last year's sales revenues exceed \$ Yes No	750,000 Revenue?	
Was the company founded after 2007 Yes No	?	
Please select the subject area(s) that your Start-Up is involved in:		
 □ Fraud □ Identity & Access Management □ Application & Web Security □ Network Security □ End-Point Security □ Cyber Security Services 	 □ GRC and Intelligence (Governar □ Data Protection & Recovery □ Mobile Security □ ICS/IOT Security □ Cloud Security 	nce, Risk & Compliance)
Approved by: Name of CEO:	Signature: Dat	te:

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

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