



Start-Up Registration Form

Company Details:

Company Name: _____ Company Website: _____ Phone Number: _____

Contact's Name: _____ Fax: _____ Cell: _____

Position: _____ Email: _____ Company Address: _____

Registration for the exhibition is €800 plus VAT (for registrations before September 4, 2018) / €1000 plus VAT (registrations from September 4 until the conference) 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 Up Pavilion:

In order to qualify for the Start Up Pavilion and enjoy corresponding subsidies; a start-up must meet the following criteria: Founded after 2008, 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 support from one or more of the following sources:

- National Organization (ie Chief Scientist)
- Technological Incubators
- Venture Capital
- I have not asked for or received support from the above sources.

Did last year's sales revenues exceed \$750,000 Revenue?

Yes

No

Was the company founded after 2008?

Yes

No

Please select the subject area(s) that your Start-Up is involved in:

- | | |
|---|---|
| <input type="checkbox"/> Fraud | <input type="checkbox"/> GRC and Intelligence (Governance, Risk & Compliance) |
| <input type="checkbox"/> Identity & Access Management | <input type="checkbox"/> Data Protection & Recovery |
| <input type="checkbox"/> Application & Web Security | <input type="checkbox"/> Mobile Security |
| <input type="checkbox"/> Network Security | <input type="checkbox"/> ICS/IOT Security |
| <input type="checkbox"/> End-Point Security | <input type="checkbox"/> Cloud Security |
| <input type="checkbox"/> Cyber Security Services | |

Approved by:

Name of CEO: _____ Signature: _____ Date: _____

The scanned form must be delivered via e-mail address: atalia.zarbiv@israeldefense.co.il

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