



CYBERTECH MIDWEST

JULY 24-25, 2019 // INDIANA CONVENTION CENTER

Together with:



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 \$1300 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 2009, manufactures high-technology products, is owned by private entrepreneurs and/or venture capital and annual income does not exceed \$500,000 Revenue.

Each qualifying start up will receive a place to showcase in the start up area of the exhibition.

* 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 \$500,000 Revenue?

Yes

No

Was the company founded after 2009?

Yes

No

Please select the categories that fit your startup:

- | | |
|-------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Fraud | <input type="checkbox"/> Intelligence/GRC (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 Representative: _____ Signature: _____ Date: _____

Please return the signed form to: Ms. Galle Shechter at galle.shechter@cybertechconference.com

For more details: Office Number: +1-646-844-1447