



## 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 \$600 USD plus tax 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 innovation booth:

In order to qualify for the Innovation 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 \$1,000,000 USD.

### \* 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 income exceed \$1,000,000 USD?

- 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      | <input type="checkbox"/> Other  |

#### Approved by:

Name of CEO: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The scanned form must be delivered together with a high-quality company logo and 100-word company description to [galle.shechter@cybertechconference.com](mailto:galle.shechter@cybertechconference.com)

**\*\* Only completed forms will be accepted \*\***

For more details: Office Number: +1-929-280-9987