



19.10.2017
ADVANCED TECHNOLOGIES PARK IN BE'ER-SHEVA

In Collaboration 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 300 NIS 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 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 2007, manufactures high-technology products, is owned by private entrepreneurs and/or venture capital and annual income does not exceed \$500,000 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 sales revenues exceed \$500,000 USD?

Yes

No

Was the company founded after 2006?

Yes

No

Please Select **Only One (1)** From The Following:

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

*Forms must be submitted along with a 100 word company bio and high quality logo in order to be considered

Approved by:

Name of CEO: _____ Signature: _____ Date: _____

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

For more details: Office Number: +972 074-703-1211 Fax: +972 09-767-1857