



**14.11.2019**  
ADVANCED TECHNOLOGIES PARK IN BE'ER-SHEVA

## 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 400 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 2009, 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 2009?

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: [melanie.behar@cybertechconference.com](mailto:melanie.behar@cybertechconference.com)

For more details: Office Number: +972-7-65390450 Fax: +972 09-767-1857