

START-UP REGISTRATION FORM

Company Details:	Company Name:	Company website:
Phone Number:	Contact's Name:	Fax:
Cellphone:	Position:	Email:
Company Address:		
-	e presenter on the condition that approval	h spots reserved on a "first come, first served" basis. I is obtained from the organizing company (Cysing) and
Criteria for participation in the	Start Up Booth:	
• •	cures high-technology products, is owned	sidies; a start-up must meet the following criteria: by private entrepreneurs and/or venture capital and
Provisions for participation wit	h the Start-Up Pavilion:	
» 1 X High Table		
» 1X Company Logo appearan	ce on the website and all conference mat	erials where start up logos appear
Please indicate with and answ	er each section listed below:	
If you have asked for and/or re	ceived support from one or more of the fo	llowing sources below:
☐ National Organization (id	e Chief Scientist)	
☐ Technological Incubator	S	
☐ Venture Capital		
☐ I have not asked for or re	eceived support from the above sources	

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Did y	your company achieve a revenue e	xceeding \$800,000 last year	?				
	Yes						
	No						
Was	Was the company founded after 2008?						
	Yes						
	No						
Plea	se select the subject area(s) that	your Start-Up is involved in:	•				
	Fraud						
	Identity & Access Management						
	Application & Web Security						
	Network Security						
	End-Point Security						
	Cyber Security Services						
	GRC & Intelligence (Governance,	Risk & Compliance)					
	Data Protection & Recovery						
	Mobile Security						
	ICS/IOT Security						
	Cloud Security						
	OTHER:						
Annr	nved hv:	Name of CFO:	Signature	: Date:			

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The scanned form must be delivered via e-mail address to:

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