

## 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 \$350 SGD (Singapore Dollars) 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 (Cybertech Asia) and meets all start-up and deadline requirements.

### Criteria for participation in the Start Up Booth:

In order to qualify for the Start-Up Pavilion and enjoy corresponding subsidies; a start-up must meet the following criteria: Founded after 2008, manufactures high-technology products, is owned by private entrepreneurs and/or venture capital and annual income does not exceed \$800,000 SGD.

### Provisions for participation with the Start-Up Pavilion:

- 1 X High Table
- 1 X Bar Stool
- 1 X Company Logo appearance on the website and all conference materials where start up logos appear

Please indicate with  and answer each section listed below:

If you have asked for and/or received support from one or more of the following sources below:

- National Organization (ie Chief Scientist)
- Technological Incubators
- Venture Capital
- I have not asked for or received support from the above sources.

Did your company achieve a revenue exceeding \$800,000 SGD last year?

- Yes
- No

Was the company founded after 2008?

- Yes
- No

Please select the subject area(s) that your Start-Up is involved in:

- |   |   |
|---|---|
| <input type="checkbox"/> Fraud                        | <input type="checkbox"/> GRC & Intelligence (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 via e-mail address to:**  
theresagan@experiaevents.com / shermanlow@experiaevents.com