START-UP REGISTRATION FORM

Company Details:	Company Name:	Company Website:			
Phone Number:	Contact's Name:	Fax:			
Cellphone:	Position:	Email:			
Company Address:					
•	ne presenter on the condition that approval	pots reserved on a "first come, first served" basis. is obtained from the organizing company (Cysing) and			
Criteria for participation in the	Start Up Booth:				
• -	tures high-technology products, is owned l	sidies; a start-up must meet the following criteria: by private entrepreneurs and/or venture capital and			
Provisions for participation wi	th the Start-Up Pavilion:				
» 1 X High Table					
» 1X Company Logo appeara	nce on the website and all conference mate	erials where start up logos appear			
Please indicate with and answ	er each section listed below:				
If you have asked for and/or re	eceived support from one or more of the fol	llowing sources below:			
☐ National Organization (i	e Chief Scientist)				
☐ Technological Incubato	3				
☐ Venture Capital					
☐ I have not asked for or r	I have not asked for or received support from the above sources				

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Did your company achieve	a revenue exceeding \$800,000 last year?	
□ Yes		
□ No		
Was the company founded	after 2009?	
☐ Yes		
□ No		
Please select the subject a	area(s) that your Start-Up is involved in:	
☐ Fraud		
☐ Identity & Access Mai	nagement	
☐ Application & Web Se	ecurity	
☐ Network Security		
☐ End-Point Security		
Cyber Security Servic	es	
☐ GRC & Intelligence (C	Governance, Risk & Compliance)	
☐ Data Protection & Re	covery	
☐ Mobile Security		
☐ ICS/IOT Security		
☐ Cloud Security		
OTHER:		
Approved by:	Name of CEO:	Signature: Date:

This form must be filled out and returned to **Ms Julia Kraut** | **+65-6809-2205** or email to **julia@cybertechconference.com**