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| Call Start Up @Cibus 2020 REGISTRATION FORM |  |

# Brief description of the startup (600 characters max)

*Please provide below the main information about your startup, explaining how, when and why your idea was born. Describe the type of clients that you have reached so far. Remember to list your objectives and your strengths. Let us know about any previous experiences at other Trade Fairs and state your English language proficiency level.*

# Details

|  |  |  |  |
| --- | --- | --- | --- |
| Startup name |  | Address |  |
| Telephone |  | City |  |
| Email address |  | Website (optional) |  |
| Registration no. in special section of the Business register |  | VAT Code (optional) |  |

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| Names of team members | |  | Name and location of originating incubator (optional) |
| *Name 1* |  |  |  |
|  |  |  |
| *Name 2* |  |  |
|  |  |  |
| *Name 3* |  |  |
|  |  |  |  |
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|  |  |  |  |  |
| Signature |  |  | Name |  |
|  | Signature of the person sending this form |  |  | Name of the person sending this form (printed) |

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| --- | --- | --- | --- | --- | --- |
| Date of signature |  |  |  |  |  |
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