Application Form

Personal Information

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company

Company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Street Municipality Postal code) S

Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LinkedIn URL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company website (if available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Management Team Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about the program?

( ) Friend / Family / Social media

( ) Chamber of commerce / Economic development agency

( ) other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interests and entrepreneurial abilities

In what activity sector do you operate in, or would you like to start up?

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Please provide details about your experience in your sector of activity and other business experience

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Please provide a brief description of what your company does. A link to a presentation, executive summary or video if applicable of your product and company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where are you in the process of setting up your business (check all that apply)?

* Looking for a business idea.
* You have one or more business ideas.
* You have conducted a market study.
* You have started your business plan.
* You have completed your business plan.
* You are looking for financing to set up your business.
* You already have the financing you need for your business.
* Your business is already registered/incorporated.
* You have a product in development
* You already have a working prototype/product

What problem are you solving? For whom? What is your solution?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your business already in operation; if so, since when (month/year)

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Acceleration Program

What are your goals and expectations with the KISED program and the program in Israel?

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Describe your current progress or traction. Include customers, users, revenue or any other indicators of progress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you think your KISED application should be approved?

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Please circle the activities or services you think would be useful in for your business.

Networking Yes / No

Development of a business plan Yes / No

Cultural training Yes / No

Marketing and advertising Yes / No

Globalization eco-system know-how – Israel & USA Yes / No

Business financing Yes / No

Social media Yes / No

Other, specify

please email your application to alon@inspira-ltd.com