



## Start-Up Council Roundtable Consideration

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Summary of Business: \_\_\_\_\_

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### Financial Status (Check All That Apply):

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Self-Funded     | <input type="checkbox"/> Angel       |
| <input type="checkbox"/> Venture Capital | <input type="checkbox"/> Other _____ |

### Business Stage:

- |   |  |
|---|--|
| <input type="checkbox"/> R&D                  | <input type="checkbox"/> Launch (0-3 Months) |
| <input type="checkbox"/> Launch (4-12 Months) | <input type="checkbox"/> Revenue in the Bank |

### Business Priorities (Check All That Apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Brand Identity          | <input type="checkbox"/> Legal/Contracting |
| <input type="checkbox"/> Sales Development       | <input type="checkbox"/> Marketing         |
| <input type="checkbox"/> Public Relations Launch | <input type="checkbox"/> Venture Capital   |