**Hub4AIM Medical Device Workshop, 6th edition – Friday 10 march 2023 – Grenoble**

*Personalized Diagnostic of your project for all your technological, scientific,   
regulatory, clinical and industrial scale-up needs*

Submission deadline : 17 february 2023

*Non confidential information (a NDA can be signed if necessary – please send us an email to contact@hub4aim.com)*

**PROJECT NAME**: ……………………………………………………………………………………………………………………………………………

**COMPANY**

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| Name: ………………………………………………………………………………….……….……….……….……….……….……….……….……….………  Creation date: ………………………………………………………..……………… or □ in the process of being set up  CEO: ……………………………………………………................….……….……….……….……….……….…….....………………  Number of employees: .....................……………….……….……….……….……….……….……….……….……….……….……….……….…  Size : □ Major company □ Medium Size □ SME □ Very small business  Start-up: □ Yes □ No  Domain of activity: …………………………………………………………………….……….……….……….……….……….……….……….………. |

**CONTACT DETAILS OF THE PROJECT PROMOTER**

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| Your name: …………………………………………………………………...………………………………………………………………...…….……………  Yourt function/position within the company: ...……………………………………………………………….…………….……….……………  Your email address: ...…………………….............................……………………………….……………………….………………….……………  Phone number: .………...............................................……………………….……………………….…………………………………………… |

**TARGETED MEDICAL NEED AND MARKET**

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| Targeted medical need: …….…………….……………………………………………………………………………………………………....…….....…  Targeted market: ……………………………………………………….. Figures (if available): …………………………………..............….  ……………………………………………………………………………………………………………………………………………………...............…………. |

**PROJECT**

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| Project and Medical device description (10 lines max):    Partnerships (optional): □ Hospital □ Academic □ Consultant □ Company □ Other  Names: …………………………………………………………………………………………………………………………………...…….............…………  Medical Device state of progress  □ Laboratory prototype  □ In vitro tests  □ Pre-clinical validation  □ Clinical validation |

**NEEDS**

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| □ Technological needs: …………………………………………………………………………………………………………………………………………  □ Scientific needs: ……...………………………………………………………………………………………………………………………………………..  □ Regulatory needs: ………………………………………………………………………………………………………………………………………………  □ Clinical needs: …………………………………………………………………………………………………………………………………………………..  □ Pre-industrialization needs: ...…………………………………………………………………………………………………………………………….  □ Industrial Scale-up needs: …………………………………………………………………………………………………………………………………..  □ Other needs, please specify: ....………………………………………………………………………………………………………………………….. |

**NON-DISCLOSURE AGREEMENT**

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| Do you want to sign a NDA before your project presentation?  □ Yes □ No |

**OTHER**

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| How did you hear about this event?  □ Newsletter …………………………………………………………...  □ Web  □ LinkedIn  □ Partner or institution …………………………………………...  □ Other ……………………………………………………………………. |

**FACE-TO-FACE**

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| □ I am interested in these days but I will not be able to come to Grenoble. I would like to have the possibility to arrange an appointment: □ In the same time slot by video conference □ At a later date |