**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**

|  |
| --- |
| Name: ………………………………………………………………………………….……….……….……….……….……….……….……….……….………Creation date: ………………………………………………………..……………… or □ in the process of being set upCEO: ……………………………………………………................….……….……….……….……….……….…….....………………Number of employees: .....................……………….……….……….……….……….……….……….……….……….……….……….……….…Size : □ Major company □ Medium Size □ SME □ Very small businessStart-up: □ Yes □ NoDomain of activity: …………………………………………………………………….……….……….……….……….……….……….……….………. |

**CONTACT DETAILS OF THE PROJECT PROMOTER**

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

**TARGETED MEDICAL NEED AND MARKET**

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

**PROJECT**

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

**NEEDS**

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

**NON-DISCLOSURE AGREEMENT**

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

**OTHER**

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

**FACE-TO-FACE**

|  |
| --- |
| □ 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 |