



Canada-Chicago Mentoring Program

APPLICATION FORM

Confidential information (once completed)

Please choose the one sub-sector most relevant to your company:

Pharmaceuticals ; Medical Devices ; Health IT

[company name]	[Logo]
A) Contact Information	
<u>Address of the company</u> Number & Street: City: Province: Postal Code: Website:	<u>Contact Person</u> Name: Title: Email: Phone:
B) Company Description	
1. Provide a company description no more than 100 words (include date you began operation and number of employees).	
2. Describe your core executive team (include names and titles of your C-level team). Please indicate names/titles of C-level team who will participate in the mentoring program.	
3. Financial Information: revenues this year; projected revenues for 2017; capital raised to date (if any and source); capital sought (if applicable).	
4. State of development: concept/proof of principle, prototype, commercial product/service.	

C) Value Proposition

1. What problem do you solve?
2. What is your solution?
3. What sets you apart from your competitors (what is your competitive advantage)?

D) Business Plan

1. Describe your revenue model/Go-to-Market strategy.
2. Describe any obstacles or challenges you face in accomplishing your objectives.
3. What is your ultimate type of customer(s) to grow your business?
4. What are your goals in participating in this 6 months mentoring program?
5. What are your next milestones (6 mos; 12 mos; 18 mos)?

E) Optional Additional Information

1. Is there any additional information you would like to be considered in the review of your application (Industry recognition; Awards; News Releases)?

DEADLINE TO APPLY: November 24 2017