**One on One Meeting Application**

**One on One Meetings will take place on October 30, 2018.**

**Application Deadline: September 30, 2018**

**E-mail application to sakoda@akrospharma.com**

**\* : mandatory**

|  |  |
| --- | --- |
| Name\* |  |
| Professional Title\* |  |
| Phone\* |  |
| Email\* |  |

|  |  |  |
| --- | --- | --- |
| Company name\* |  | |
| Address\* |  | |
| Website |  | |
| Year of incorporation/ formation |  | |
| Number of employees |  | |
| Technology Classification\*:  *(select all that apply)* | Medical Device | Biotechnology |
| Pharmaceutical | Biomarker |
| Diagnostic | Software Platform |
| Informatics | Other: |
| Area of focus\*:  *(select all that apply)* | Metabolic diseases | inflammation/ immunity |
| chronic viral infectious diseases | CNS |
| Renal diseases | Dermatological diseases |
| Technology platform | Other: |
| Management Team and Scientific Board: |  | |

|  |  |
| --- | --- |
| Technology description\*  *(200 words max)* |  |
| Key partnership objectives\*  *(200 words max)* |  |
| Current partnerships and/or alliances *(200 words max)* |  |
| Status and protection of intellectual property |  |
| Development status and next steps\*  *(200 words or fewer)* |  |

|  |  |
| --- | --- |
| Ownership |  |
| Capital raised to date, and investors |  |
| Amount of capital sought, and milestones to be achieved on that capital |  |

If applicable