

1 PERSONAL DETAILS

First and last name *

Position *

Company / fund *

Organisation type *

Email *

Telephone

Website

LinkedIn profile

2 INVESTMENT PROFILE

Preferred investment stage *

☐ Pre-Seed☐ Seed☐ Series A☐ Growth☐ Buyout / M&A

Typical ticket size / investment range *

Geographic focus

Focus areas * Multiple selections possible

☐ Digital Health☐ MedTech☐ Biotech☐ Prevention☐ Longevity☐ Primary Care☐ Employee Health☐ Elderly Care

Other focus areas

3 INVESTMENT CRITERIA

Business models, technologies or topics of interest

Exclusion criteria

Active portfolio or references

4 INTERESTS AND MATCHMAKING

I am interested in:

- ☐ Curated one-to-one matchmaking with relevant startups
- ☐ Startup Pitch Sessions
- ☐ Exchange with corporates and institutions
- ☐ General networking
- ☐ Investor Roundtable
- ☐ Participation as a jury member or expert

Special interests, requests or preferred meeting partners

Availability for curated meetings

- ☐ 21 October
- ☐ 22 October
- ☐ 23 October
- ☐ At least 4 meetings

5 PARTICIPATION CATEGORIES AND PRICES

Please select one participation category. *

	Category	Price	Eligibility / benefits
6	Qualified Investor	complimentary	Verified VC, CVC, family office or strategic investor; personal pass; pitches; networking; matchmaking
6	Investor Plus	EUR 290 excl. VAT	Priority matchmaking, Investor Lounge and reserved meetings
6	Investor Partner	from EUR 2,500 excl. VAT	2-3 passes, brand visibility, moderated roundtable or jury participation, priority meetings and invitation to the Meet & Greet Dinner
6	Service Partner	EUR 490-690 excl. VAT	For banks, advisors, law firms, accelerators and service providers without an active investment mandate; invitation to the Meet & Greet Dinner
6	Additional Investor Pass	EUR 149-190 excl. VAT	Additional representatives from the same investment organisation

Please note: Complimentary accreditation is personal, non-transferable and available to active investors with a verifiable investment mandate. Participation becomes binding only after written confirmation by Health Expo Vienna.

6 BILLING DETAILS

Required only for paid participation categories

Billing company

VAT number

Street and number

Postal code

City and country

7 CONSENTS AND CONFIRMATION

- ☐ I agree to be connected with suitable startups for matchmaking purposes.
- ☐ I consent to the processing of my details for accreditation, programme planning and communication. *
- ☐ I confirm that my details are accurate and complete and that I act on behalf of the stated organisation. *

Place

Date

Name of authorised person

Digital confirmation

☐ I confirm this binding registration. *

* Required fields. Please send the completed form to office@healthexpo-vienna.at.