Startup Form

#	Question	Type	Required
1	Company name	Text	Yes
2	Company URL	URL	Yes
3	Email	Email	Yes
4	Founding year	Number	Yes
5	Country	Options	Yes
6	City	Text	Yes
7	Company short description	Text	Yes
8	Company overview	Text	Yes
9	Number of employees	Number	Yes
10	Team	Text	Yes
11	Funding stage	Options	Yes
12	Funding raised	Options	Yes
13	Investors	Text	No
14	Revenues	Options	Yes
15	Business opportunities	Options	Yes
16	Solution description	Text	Yes
17	Solution stage	Options	Yes
18	Customers and references	Text	Yes
19	Impact measurement	Text	Yes
20	Industrial application	Options	Yes
21	Experience with SOFOFA	Text	No
22	Additional information	Text	No
23	Contact name	Text	No
24	Contact role	Text	No
25	Contact country	Text	No
26	Contact phone	Phone	No
26	Referral	Text	Yes
27	Your questions	Text	No
28	Newsletter sign-up	Options	No
29	Privacy policy & terms and conditions	Options	Yes
30	NPS application process	Options	No
31	Suggestions for improvement	Text	No