
SecurWorld Partner Registration Form

v.1.1 - 10/16/97

Participation Level:

(Check one box)

- SecurProduct Reseller** - Complete registration form sections I and II. You may begin immediate sourcing through our authorized distributors now.
- SecurSolution Provider** - Complete registration form sections I-II. You may begin immediate sourcing through our authorized distributors now. After a 6 month period we will review your achievements in the SecurProduct Reseller Program and determine eligibility for the SecurSolution Provider Program level.

I. Company Information:

Your Name:	Title:	
Company Name:		
Address 1:		
Address 2:		
City:	State/Province:	Zip/Postal Code:
Country:		
Phone:	Fax:	
E-Mail Address:	Web URL:	
Total number of employees:	Years in business:	
Annual Revenues in US\$ (Previous Year)	Annual Revenues in US\$ (Current Year)	
Number of outside sales people:	Number of inside sales people:	
Number of staff in pre-sales technical support:	Number of staff in post-sales technical support:	
Name of primary pre-sales technical contact:	Name of primary post-sales technical contact:	

II. Sales & Marketing Information

<p>Corporate sales coverage by firm: (Check all that apply)</p> <p><input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Worldwide</p>	<p>What size company do you typically target? (Check all that apply)</p> <p><input type="checkbox"/> Small (less than 100 employees) <input type="checkbox"/> Mid-Sized (less than 500 employees) <input type="checkbox"/> Large (less than 1000 employees) <input type="checkbox"/> Fortune 500</p>																																												
<p>Please list your Sales Offices: (use separate sheet if more space is required)</p> <table border="1"> <thead> <tr> <th data-bbox="237 541 706 577">Address</th> <th data-bbox="706 541 933 577">City</th> <th data-bbox="933 541 1209 577">State/Province</th> <th data-bbox="1209 541 1403 577">Country</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Address	City	State/Province	Country																																								
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<p>Your Business: (Check all that apply)</p> <p><input type="checkbox"/> Value Added Reseller <input type="checkbox"/> System Integrator <input type="checkbox"/> Service Provider <input type="checkbox"/> Consulting Firm <input type="checkbox"/> Training and Services Firm <input type="checkbox"/> Distributor <input type="checkbox"/> Other: _____</p>	<p>Vertical Market Concentration:</p> <table> <tr> <td>Financial</td> <td>_____ % of revenue</td> </tr> <tr> <td>Industry</td> <td>_____ % of revenue</td> </tr> <tr> <td>Government</td> <td>_____ % of revenue</td> </tr> <tr> <td>Utilities</td> <td>_____ % of revenue</td> </tr> <tr> <td>Telecom</td> <td>_____ % of revenue</td> </tr> <tr> <td>Other _____</td> <td>_____ % of revenue</td> </tr> </table>	Financial	_____ % of revenue	Industry	_____ % of revenue	Government	_____ % of revenue	Utilities	_____ % of revenue	Telecom	_____ % of revenue	Other _____	_____ % of revenue																																
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<p><input type="checkbox"/> % Percentage of business in remote access <input type="checkbox"/> % Percentage of business in network security <input type="checkbox"/> % Percentage of business in virtual private networks</p>																																													
<p>Please list current/planned marketing and sales activities surrounding network security: (use separate sheet if more space is required)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																																													

<p>Which vendor partner programs are you currently a member of? (Check all that apply)</p> <p><input type="checkbox"/> 3Com</p> <p><input type="checkbox"/> Ascend</p> <p><input type="checkbox"/> AXENT Technologies / Digital Pathways</p> <p><input type="checkbox"/> Bay Networks</p> <p><input type="checkbox"/> CheckPoint</p> <p><input type="checkbox"/> Cisco</p> <p><input type="checkbox"/> Lotus /IBM</p> <p><input type="checkbox"/> McAfee</p> <p><input type="checkbox"/> Microsoft</p> <p><input type="checkbox"/> Raptor Systems</p> <p><input type="checkbox"/> SecurComputing / Enigma Logic</p> <p><input type="checkbox"/> Shiva</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p>	<p>Please list your preferred distributors:</p> <p>1st _____</p> <p>2nd _____</p> <p>3rd _____</p>									
<p>Please list 1 vendor and 1 customer reference:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Company</th> <th style="width: 40%;">Contact & Title</th> <th style="width: 25%;">Phone</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Company	Contact & Title	Phone						
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<p>Additional information you would like to supply:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>										

Thank you for taking the time to fill out the SecurWorld Partner Program Registration. Please fax this completed form to (781) 687-7012 to the attention of Paul Coebergh - Channel Program Coordinator. Or mail it to Attn: Paul Coebergh, Channel Program Coordinator, Security Dynamics, Inc., 20 Crosby Drive, Bedford, MA 01730.

