OVF Small Business Short Presenter Application

Company Name:		Date:
Contact Name:		Contact title:
Phone:	Email:	
Website:	Referred by	/:
1. Your Personal Introduction	and Elevator Speech	
2. Product or Service Descript	ion and Market Status	
3. Present or Anticipated Key	Customers and Total Market Siz	re
4. Strategic Partnerships and	or Alliances	
5. Competitive Landscape		
6. Technology Status and Inte	ellectual Property Position	
7. Management/Board Team		
8. 1-3 Year Goals & Projected	d Financials	
9. Anticipated Funding Deal 1	Ferms	