Project Incubator

Project submission

Prefix Sàrl / April 2024

Please complete <u>all</u> fields of the project submission and return it dated and signed to incubator@prefix.ch.

If any of the fields are not filled in correctly, your submission cannot be sent to the Incubator Committee.

PROJECT MANAGER

Please provide full contact details for the person responsible for managing this project. This person will also be the contact point for Prefix and for anyone else wishing to take part in the project.

First name	
Last name	
Street, No.	
Postcode, Town	
Country	
Email	
Phone number	
Date of birth	



PROJECT DESCRIPTION

The information provided below will be examined by the Committee to determine whether the project is admitted to the Incubator.

If selected, this information will also be used to create the project description on the Incubator website. We therefore encourage you to fill in these fields carefully and attentively. For guidance, you can refer to the examples of projects already presented in the Incubator.

Reason for being Describe here the reason for being of your project, in other words the expected end result. Context
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Context
Describe here the general context of your project.



Location Describe here the geographical scope in which the project will be deployed.
Roles wanted Describe here the people you are looking for to complete the project team needed for the next phase of your project. These roles can be adapted for subsequent phases.



CONSENT

Please replace [First name Last name] with your first and last name, print, then add the date and your signature.

I, [First Name Last Name], hereby consent to the use of the project information, as well as the name and email address of the project manager, on the Prefix website and on the LinkedIn profiles of Prefix and its employees for marketing purposes.

I retain the right to revoke this consent at any time by sending a written request to incubator@prefix.ch. Revocation will have no impact on previous uses. Revocation will be made within a reasonable time of receipt of my request.

Place, date:			
Signature:			

