



## Technology Integration Partner Technology Track Application

### Corporate Information

Company Name:			
Address:			
City:		State / Province:	
Country:		Zip / Postal Code:	
Telephone Number:		Fax number:	
Corporate URL:		Year of Incorporation	
Company Description:			
Current & historical engagement with Symantec:			
Types of customers			
List key competitors:			
Key differentiators from competition:			

### Technical Support Information

Do you offer 24x7x365 support?	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No. Please specify your standard support hours:		
Are you a current member of TSANet ( <a href="http://www.tsanet.org">www.tsanet.org</a> )?			
Please specify the number of support engineers worldwide by	APAC: Americas: EMEA:		
Have you participated in any Symantec product training?			

### Product Information

Product name:		Current version:		Release date:		
Product description:						
Product URL:						
What is your product release cycle?			When is your next product release?			
Operating System(s):	Solaris:	HP-UX:	AIX	W2K/NT	Linux	Other:
Operating System mix by percentage (projected % breakout)	____%	____%	____%	____%	____%	____%
Product revenue for last fiscal year:						

Technology Track			
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Which Symantec products do you wish to integrate with?	Name:		Version	
	Name:		Version	

Technology Tracks:	<b>Technology Tracks</b>
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Please indicate which Technology Track you wish to participate in:	<input type="checkbox"/>	Advanced Threat Protection
	<input type="checkbox"/>	Cloud Connect
	<input type="checkbox"/>	Data Loss Prevention
	<input type="checkbox"/>	Encrypted Traffic Management
	<input type="checkbox"/>	Identity
	<input type="checkbox"/>	Message Security
	<input type="checkbox"/>	Web Protection

<p>For the Tracks checked above briefly describe the proposed integration/joint solution.</p> <p>Is there an end customer opportunity? If so what is the estimated dollar amount?</p>	
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Contact Information			
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Primary Contact:		Title:	
Telephone Number:		Email address:	
Technical Contact:		Title:	
Telephone Number:		Email address:	
Sales contact:		Title:	
Telephone Number:		Email address:	

I certify that the information on this form is correct on this date to the best of my knowledge. I acknowledge that this application for the Symantec Technology Integration Partner Program is only a request to join the program, and is subject to acceptance at the sole discretion of Symantec Corporation.

Name:		Application Date:	
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Please email application to: [TechPartner@symantec.com](mailto:TechPartner@symantec.com) (allow 5-10 business days for processing)