

\*Indicates required fields

Please complete this application and either email it to [sia\\_application@mcafee.com](mailto:sia_application@mcafee.com) or fax it to 408.346.3314.

COMPANY NAME\*

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**COMPANY ADDRESS**

ADDRESS 1\*

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ADDRESS 2

---

ADDRESS 3

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CITY\*

---

STATE/PROVINCE\*

---

ZIP/POSTAL CODE\*

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COUNTRY\*

---

MAIN PHONE NUMBER\*

---

MAIN FAX NUMBER

---

CORPORATE WEB SITE URL

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**PLEASE PROVIDE A SUMMARY OF YOUR PARTNERING INTEREST\***

(2,000 characters or less)

**COMPANY AND OPPORTUNITY BACKGROUND PRESENTATION**

Optional - You may submit a PDF no greater than 2 MB in size with additional relevant information about your company and the opportunity you would like to address by joining the McAfee Security Innovation Alliance.

**LIST THE PRODUCT(S) WITH THE ASSOCIATED VERSION NUMBER(S) THAT YOU WISH TO INTEROPERATE WITH McAfee PRODUCT(S)\***

(2,000 characters or less)

**YOUR CONTACT INFORMATION**

FIRST NAME\*

LAST NAME\*

JOB TITLE\*

EMAIL ADDRESS\*

WORK PHONE\*

WORK PHONE EXTENSION

MOBILE PHONE

PREFERRED LANGUAGE\*

PREFERRED CONTACT METHOD\*

**PLEASE DESCRIBE YOUR COMPANY'S PRIMARY BUSINESS\***

(2,000 characters or less)

[Empty text box for describing primary business]

YEAR COMPANY ESTABLISHED\*

**ANNUAL REVENUE**

(In U.S. dollars, rounded to the nearest thousand)

TOTAL ANNUAL REVENUE\*

**REVENUE BY TYPE**

↓ IN YOUR COUNTRY

↓ WORLDWIDE

SOFTWARE\*

HARDWARE\*

CONSULTING\*

TECHNICAL SUPPORT\*

TRAINING\*

MANAGED SERVICES\*

OTHER\*

**NUMBER OF EMPLOYEES**

↓ IN YOUR COUNTRY

↓ WORLDWIDE

TOTAL NUMBER OF EMPLOYEES\*

BY DEPARTMENT\*

SALES\*

MARKETING\*

R&D\*

SUPPORT\*

OPERATIONS\*

G&A\*

**WHAT IS YOUR VERTICAL MARKET FOCUS?**

(Check all that apply)

- Financial Services
  - Insurance
  - Healthcare
  - Pharmaceuticals
  - State and Local Government
  - Federal Government
  - Aerospace/Defense
  - Manufacturing
  - Telecommunications
  - Utility/Energy
  - Wholesale Distribution
  - Retail
  - Other (Please list)
- 

**LIST McAfee CONTACTS YOU'RE CURRENTLY WORKING WITH TO BECOME A PARTNER\***

**HAS ONE OF YOUR CUSTOMERS REQUESTED THAT YOU PARTNER WITH McAfee?\***

- Yes
- No

**IF YES, NAME OF CUSTOMER**

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**TIMEFRAME**

- Mid/long-term
- Short-term
- Urgent

