# Checkmarx Marketing Development Funds Marketing Activity Request Form

\**All requests must be submitted 30 days prior to the activity start date.*

Company name \*



Requested by \*

 First Name  Last Name

Your Email \*

Phone number



Select the region affected or responsible for this event \*



Specify Country, State/Province and any additional location. \*



If Public Sector is involved, please select the % \*

10% 25% 50% More than 50%

 No, this is 100% commercial event

## Event Information

Partner Name \*



Event Name \*



Event URL



Link to the Event if available.

Location (name of venue, city, state, and country) \*

If this is a Digital campaign, please provide territory

Campaign/Activity Description \*

Objectives:

Target Market:

Please include: goals (awareness, education, lead generation), target market segment, number of target contacts, any web info relevant to the proposed activity, etc.

Cost and Activity Breakdown

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Description of Activity** | **Cost** | **MDF Support from Cx in %** | **Detailed Definition** | **Team Responsible** | **Time Period for Performance** | **Expected ROI** |
|  |  |  |  |  |  |  |

Additional info:

Type of Event \*

Small Face-to-face (Max. 10 people)

Medium/Large Face-to-face (More than 10 people)

Digital

Hybrid

Other

Speaker opportunity available \*

YES NO

If YES, who will be the Checkmarx speaker (Full Name).

Please add full name of the speaker, topic, and any additional information that requires marketing support.

Activity/Program/Event Starts on \*

 Date

Activity/Program/Event Ends on \*

 Date

Total Cost for the Event/Campaign (in USD): \*



Add the total cost for the event.

MDF Claim Amount (in USD): \*



Add the total of MDF we will use for the event based on Contract or Agreement.

Cost per Lead



Please provide an estimate of cost per lead.

# of Deal Registrations Expected



## Additional Info to Support You and Our Partners

How many Checkmarx professionals will have pass to attend the event? \*



Provide the full name and email address of all Checkmarx attendees you would like to have in this event

How many attendees (customers)? \*



Audience | Job Titles | Industry Sector \*

Please add information about the audience for the event.

What percentage of attendees are new or existing?

% of existing Checkmarx customers

% of new prospects

How many opportunities are expected?



How many vendors are sponsoring this event? \*



Once completed, submit the form, and supported documents (Partner Agreement, Event Contract, etc.) via email to Channel Marketing Manager team at [channelmarketing@checkmarx.com](mailto:channelmarketing@checkmarx.com) or directly to your Channel Marketing Manager.

**MDF Request SLA**

* + SLA for MDF requests: 7 business days
  + SLA for Contract/Agreement Signature: 10 business days

All documents/templates are available at [Checkmarx Content Management](https://app.highspot.com/) tool.  
Request your access today.

**Thank You!**

Save end send the form to your channel marketing manager.

**For Checkmarx Internal Use Only**

Select Pay Entity

###### CHECKMARX LTD.

ap.ltd@checkmarx.com

###### CHECKMARX INC.

ap.inc@checkmarx.com

###### CHECKMARX UK LTD.

ap.uk@checkmarx.com

###### CHECKMARX INDIA

ap.apac@checkmarx.com

###### CHECKMARX SINGAPORE PTE LTD.

ap.pt@checkmarx.com

###### CHECKMARX AUSTRALIA PTY LTD.

ap.pt@checkmarx.com

###### CHECKMARX FRANCE SAS

ap.fr@checkmarx.com

###### CHECKMARX GERMANY

ap.de@checkmarx.com

Additional info:

APPROVE / DENY / REQUEST MORE INFORMATION

Channel Marketing Manager:

Date:

PARTNERING FOR SUCCESS