

Compassionate Certification Centers Presents the 2017



PRODUCT/SERVICE  
PITCHING FORM

*Medical Cannabis Meets Business Innovation*

Name of Organization: \_\_\_\_\_

Name (First/Last): \_\_\_\_\_

Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Product or Service that you will be pitching: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of Pitch Time to present: \_\_\_\_\_

Target Audience (if applicable): \_\_\_\_\_

Preferred Speaking Date(s)  April 21  April 22  Both

Additional Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructions on turning in this form:**

1. You may print this form out, complete it and fax it back to me at 412-821-2628 (Attn: Melonie)
2. You may fill it out in this [editable PDF](#) and email it back to [info@compassionatecertificationcenters.com](mailto:info@compassionatecertificationcenters.com).

**\*Please note:** If you are trying to fill this out from an iPhone or iPad, you will need to download this app in order to do so. Please download [here](#) (it's free).