

Compassionate Certification Centers Presents the 2017



Co-hosted by
Greenhouse
Ventures

SPEAKING REQUEST FORM

Medical Cannabis Meets Business Innovation

Name of Organization: _____

Organization's Point of Contact (POC) for Speaking Request:

Name (First/Last): _____

Title: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Website: _____

Second Speaker: _____

Topic: _____

Is this a profit or non-profit organization? Yes No

Preferred Speaking Date(s) April 21 April 22 Both

Speech/PowerPoint/TalkingPoints:

Speech Format (i.e., Keynote Address, Seminar, Panel Participant, etc.): _____

Is a Power Point presentation requested? (or appropriate) And if so, will setup be provided?

Proposed Topic for Speech: _____

Speaker Bio: _____

Length of Speech Time Requested (minimum/maximum): _____

Length of Q&A Time Requested (will Q&A be open or scripted?): _____

Please provide information on who will introduce the Speaker (bio if available): _____

Is there anyone specific the Speaker should recognize and/or thank? (i.e. event organizer, special guests)

Additional Notes: _____

Audience/Attendees/Speakers

Audience Profile (i.e., Industry, Academia, Patient Groups, Advocacy Groups, Business Executives): _____

How many Free Passes do you or your company require for this event? _____

Media Information

Open to a Media Interview? (i.e. television, radio, newspaper, trade publication) Yes No

Will there be a request for the Speaker to address media before or after the event? (if yes, please provide additional details)
