



Medical Cannabis Meets Business Innovation

SPEAKING REQUEST FORM

Speakers submitted will likely be put into panels organized by subject matter however you will be notified of the date, time and panel or talk and room you will be in prior to the conference.

Name of Organization: _____

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

Name (First/Last): _____

Title: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Website: _____

Second Speaker: _____

Please select the following areas of expertise you are interested in speaking about:

- Checkboxes for Agriculture, Banking, Technology, Law, Cooking/Baking, Extraction, Dispensary, Care Giver, Patients, Health Care Expertise, Physician, Seed to Sale, Lighting, Routes of Administration (vaping, glass,), Insurance, Packaging, Event Planning, Medical Data, and Other.

Preferred Speaking Date(s) [] April 12 [] April 13 [] April 14 [] Both

All power point presentations if approved or required (not needed on panels) must be submitted by February 1, 2018 to: Megan@compassionatecertificationcenters.com or they WILL NOT be included and CCC will not be held liable.

Power Point presentations must be in : 16:9 format

Presentations will NOT be shared with any outside parties other than the AV company and CCC and will be destroyed on April 16, 2018.

Please include a separate Bio not to exceed 500 words and a headshot. Once the bio and picture is submitted, it will not be updated or changed on the website, show guide or any other promotional materials. If an update or change is requested, a charge in the amount of \$40 will be billed to cover our web development costs and the check needs payable in advance to: Compassionate Certification Centers.

Compassionate Certification Centers (CCC) accepts speakers as volunteers and will actively promote and market you on our website and in our media and marketing materials. We reserve the right to cancel a speaker at any time.

In order to promote fairness, payment will not be made to speakers in any form including travel stipends or honorariums unless a separate agreement is made and signed in addition to this agreement. CCC will consider making a donation to a non-profit of your choice if the funding is available to do so and requested in advance to help the medical cannabis cause.

Continued on pg. 2

By signing this agreement, you agree that CCC can include you or your company in press releases and include you on the www.cccregister.com site, and all other social media sites as we deem fit to promote the World Medical Cannabis Conference & Expo.

If a speaker is unable to attend the conference, this must be submitted in writing within 24 hours of the conference and a substitute speaker can be suggested but will not automatically be accepted or approved.

CCC reserves the right to schedule speakers on any of the date during the conference and speakers should make themselves available to speak during April 12-14, 2018.

Speaker or
Company Signature: _____ CCC: _____

Print Name: _____ Print Name: _____

Title: _____ Title: _____

Date: _____ Date: _____

Please fill out this form and email it to megan@compassionatecertificationcenters.com or fax it to 412-821-2628