



2019 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:

- Healthcare/Medical Data
- Regulatory/legislative
- Dispensary/retail management and operations
- Infused product/concentrates
- Extraction/Testing
- Cultivation
- Hemp/CBD
- Taxes & Legal
- Financial or investor advice
- Multi-state/national/ international business growth
- Ancillary services
- Other _____

Preferred Speaking Date(s) Aug. 22 Aug. 23 Aug. 24 Doesn't matter

All power point presentations if approved or required (not needed on panels) must be submitted by July 1, 2019 to: conference@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 August 25, 2019.

Please include a separate Bio not to exceed 150 words and a **high-res headshot**. Once the bio and picture are 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.

By signing this agreement, you agree that CCC can include you or your company in press releases and include you on the www. ccconference.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 2 weeks 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 August 22-24, 2019.

Speaker or Company Signature: _____	CCC: _____
Print Name: _____	Print Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

Please fill out this form and email it to conference@cccenters.org or fax it to 412-821-2628



STANDARD PHOTO RELEASE FORM

Please complete this form and email back to conference@cccenters.org.

Participant's Name: _____

I hereby authorize Compassionate Certification Centers to publish the photographs taken of me, and my name, for use in the CCC publications, collateral materials, website and media related to the event.

I acknowledge that since my participation in publications and websites produced by Compassionate Certification Centers is voluntary, I will receive no financial compensation.

I further agree that my participation in any publication and website produced by Compassionate Certification Centers confers upon me no rights of ownership whatsoever. I release Compassionate Certification Centers, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

Signature: _____ Date: _____

Street Address: _____

City, State, Zip: _____

STANDARD PHOTO RELEASE FORM FOR MINOR CHILDREN

I hereby authorize Compassionate Certification Centers to publish the photographs taken of the me and/or the undersigned minor children, and our names, for use in the CCC publications, collateral materials, website and media related to the event.

I release Compassionate Certification Centers from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the PUD to use their photographs and names.

I acknowledge that since participation in publications and websites produced by Compassionate Certification Centers is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publication and website produced by Compassionate Certification Centers confers no rights of ownership whatsoever. I release Compassionate Certification Centers, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Signature: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____