

SPEAKER REQUEST FORM

MANUFACTURED CANNABIS SAFETY BRANCH



Thank you for contacting the Manufactured Cannabis Safety Branch. This form is designed to help us better understand the specific needs of your event and the participation you are requesting. Please submit the completed form, along with a copy of your event agenda/program, to MCSB@cdph.ca.gov.

GENERAL EVENT INFORMATION

Event name: _____ Event date(s): _____
Venue name and address: _____
Website: _____
Sponsoring organization(s): _____
Will the event be recorded? Yes No If so, where will the recording be shared: _____

PARTICIPATION REQUESTED

Participation format: Presentation Panel Other: _____

Participation time: _____

Who is the intended audience for this event? _____

How many people are expected to attend? _____

Why do you want us to participate? _____

Will you need a bio and photo? Yes No Email to: _____

IF PRESENTATION IS BEING REQUESTED:

Is PowerPoint being requested: Yes No

If so, will audiovisual equipment be provided and set up? Yes No

IF PANEL APPEARANCE IS BEING REQUESTED:

Who is the panel moderator (name, title, affiliation): _____

Other invited panelists: _____

Confirmed panelists: _____

YOUR CONTACT INFORMATION

Contact's name: _____

Phone number: _____

Email address: _____