

Event Participation Request Form

Please fill out and submit the completed form in PDF format by email to Malaya.Rivers@ky.gov at least two weeks prior to the event in which you have requested participation from the Kentucky Office of Medical Cannabis.

Contact Information

Contact Name: _____ Date of Request: _____

Organization: _____

Email: _____ Phone: _____

Event Information

Event Name: _____

Date(s): _____ Time(s): _____

Please select request format of event participation: In-Person Online

Location (or online format): _____

Please provide a brief description of the event:

Please provide a brief description of the anticipated audience:

Participation Information

How would you like the OMC to participate? _____

How long would you like the OMC to participate? _____

What date and time would you like the OMC to participate? _____

What information would you like the Office of Medical Cannabis to provide?

- General Practitioner Law Enforcement
 Patient & Caregiver Local Government Other: _____

Please provide any additional details (if applicable):
