



## SPEAKER REQUEST FORM

**Octavia Cannon, DO**

www.droctaviacannon.com

(Please print or type)

Today's Date: \_\_\_\_\_

**Dr. Octavia**

**Name and Title of Requestor:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Type of Organization** (Academic, Community Group, or Church, Non-profit, etc...): \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Focus and/or Title of Presentation:** \_\_\_\_\_

**Date & Time of Presentation:** \_\_\_\_\_

**Circle one:**    **Keynote**        **Plenary**        **Panel**        **Other (specify):** \_\_\_\_\_

**Length of Speech:** \_\_\_\_\_ **Question/Answer:** Yes or No    **Book Signing:** Yes or No

**Type of Event:** \_\_\_\_\_

**Audience size(estimate) & type:** \_\_\_\_\_

**Location of event (city/state)** \_\_\_\_\_ **Venue** \_\_\_\_\_

**Other Details:** \_\_\_\_\_

**Dr. Octavia Cannon**  
**ATTN: Executive Assistant to Dr. Octavia**  
**3125 Springbank Lane | Suite B | Charlotte, NC 28226**  
**Phone 704.341.1103**  
**Email: [drcannon@arboretumobgyn.com](mailto:drcannon@arboretumobgyn.com)**

