## **2023 Ribbon Cutting Request Form for Chamber Members**

## **Scheduling Guidelines:**

- ✓ Review Ribbon Cutting Guidelines
- ✓ Provide a minimum two-week notice for event scheduling
- ✓ Select a date and time between Monday through Friday, 8:30 a.m. 5 p.m. (no weekend coverage)
- \* We will make every effort to avoid conflicts with signature events and holidays that may impact attendance.

Today's Date:		_			
Ribbon Cutting Occasion:		Chamber Resources (Select One):			
Grand Opening (New Facility)		Borrow a Ribbon Cutting Kit (No Representative Present) (Refundable \$50 check/cash deposit required)			
Ground Breaking (New Property)		Ribbon Cutting with Representative Present (\$50 Fee) (Complimentary for membership levels Premier – Platinum)			
Significant Business Relocation/Expansion		Mailing List (\$	300 Fee) *Exc	sentative <u>AND</u> N eel format - No er hip levels Premie	nails listed
Preferred Date & Time:	(Day) (Date)	Time:	_	•	,
Second Option:	(Day) (Date)	Time:	_ A.M. 🗖	P.M. 🗌	
Company Name:					
Ribbon Cutting Event Addres	ss:	C	ity	State	Zip Code
Contact Person:		Title: _			
Contact Number:	Contac	ct Email:			
Payment Options:	k (payable to JAX Chamb	oer) 🔲 Credit Card (	MasterCard, V	/ISA, AMEX, Dis	scover)
Name on Credit Card	d Credit Card Number				
Expiration Date	Credit Card Billing Addre	ess			
Company Representative's S	Signature				
Special Instructions: If your	event includes a tour, rei	freshments, door prize	es/raffle, vende	ors, etc., include	e those details.
Subm	it completed form to We look forwa	: <u>Monisa.thompsor</u> rd to celebrating w		<u>ber.com</u>	
FOR INTERNAL USE ONLY:	Date Received		Confirmation Se	ent	
A/C Mgr	Membership Level		Lead Diplomat (if applicable)		