

RIBBON CUTTING REQUEST FORM

COMPANY INFORMATION



225 Church Street NW
Huntsville, AL 35801

phone 256-535-2000
fax 256-535-2015

hsvchamber.org

Company _____

Contact _____

Title _____

Physical Address of Event _____

Parking Notes _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Website _____

PREFERRED DATES

First Preference _____

Second Preference _____

Third Preference _____

PREFERRED TIMES

First Preference _____

Second Preference _____

Third Preference _____

For planning and marketing purposes, Ribbon Cuttings should be scheduled at least one month in advance. Events are typically 15-30 minutes, unless discussed previously. After this form is received, you will be contacted by a Chamber Representative to discuss the details of your event. Once your Ribbon Cutting is approved, you will receive a copy of this form for your records. Please contact your Chamber Representative regarding any questions.

IMPORTANT: A Chamber Representative will contact you within 48 hours of receiving your Ribbon Cutting request form. There is a service fee of \$100 due upon request approval. Cancellation with a refund to a credit card will be charged a 6% processing fee.

Member Signature

Date Approved

CHAMBER STAFF ONLY:

Date Chamber Representative submitted request form _____

Type of Event public private

Date Chamber Representative contacted Member _____

Initials of Chamber Representative _____

Date Ribbon Cutting service fee was paid in full _____

Initials of Accounting Representative _____

APPROVAL

The Ribbon Cutting request referenced above is approved for the following:

DATE _____

TIME _____

Chamber Representative Signature

Date Approved