



RIBBON CUTTING/ GRAND OPENING REQUEST

Final date and time will depend on schedule availability of officiators.

DATE OF RIBBON CUTTING (WEEKDAYS ONLY PLEASE)

RIBBON CUTTING TIME

COMPANY NAME

TYPE OF BUSINESS

CEO/PRESIDENT

CONTACT PERSON

ADDRESS

TELEPHONE

EMAIL

WEBSITE

WHO WILL SPEAK ON BEHALF OF THE BUSINESS?

IS THE RIBBON CUTTING OPEN TO THE PUBLIC? YES NO

IS THE BUSINESS A MEMBER OF THE ROMEovILLE AREA CHAMBER OF COMMERCE? YES NO

WILL FOOD & BEVERAGES BE SERVED? YES NO

IF YES, WHAT TYPE? (SIT DOWN/APPETIZERS)

TO RECEIVE COMPLIMENTARY PLAQUE, COMPANY MUST PROVIDE LOGO IN *BLACK & WHITE, VECTOR FORMAT* (.EPS, .AI, OR .CDR). SUBMIT LOGO IN ELECTRONIC FORMAT TO CANDI ROBERTS:

CROBERTS@ROMEovILLE.ORG ~ 815-886-5636

EMAIL THIS COMPLETED FORM TO: INFO@ROMEovILLECHAMBER.ORG