



Name of Business: _____

Physical Location: _____

Contact: _____

Contact Phone Number: _____

Cell Number: _____

Time/Date of Event: _____ (as set by the Chamber)

Type of Event (Please check appropriate circle):

- Ribbon Cutting Ground Breaking

Please provide a paragraph of information on your business:

Note: We MUST receive this completed form to schedule your ribbon cutting (event) date. The Chamber requires a two-week advance to properly promote, send press releases and announce your event. All ribbon cuttings are scheduled on a first come/first served basis once we have receipt of this form.

Please complete the form and send it to Debbie Jones via fax at 706-595-2143 or email to chamber@thomson-mcduffie.net. For more information, call 706-597-1000.