

5th Annual Business Spotlight Luncheon

Thursday, March 14, 2019 Submission Form

Company Name:			ACCOMPLISHMENT
			New business
-			New ownership of existing business
			<u> </u>
			5th-year anniversary (5, 10, 15
At least one person mu	ıst be in attendance to accept awaı	rd 🗆	etc.) (Enter no. of years) Individuals elected to the
Representative to accep	t Award:		presidency of national or state level organizations
Title:			Individuals or organizations
Explain Accomplishme	nt/Milestone		selected for county, state, or national awards
	s – attach separate page escription of your business (250 words or re, etc.	r less), along	with any pertinent newspaper
2. Please send an electr	ic version of your logo (.jpg, .gif or .	png) to klew	ris@cecilchamber.com
If different from above, plea	ase list contact information.		
Contact name:			
Telephone:	E-mail:		

Send completed application to: Cecil County Chamber of Commerce 216 E. Pulaski Hwy., Suite 120, Elkton, MD 21921 or email to klewis@cecilchamber.com



BUSINESS