

Ribbon Cutting Information

CIRCLE: Ribbon Cutting Grand Opening Groundbreaking Open House

CIRCLE: New Relocated Other

DATE OF EVENT: _____

TIME: _____

ORGANIZATION: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE (include area code): _____

WEBSITE URL: _____

SOCIAL MEDIA ACCOUNTS: _____

CONTACT PERSON: _____

CONTACT PHONE: _____

CONTACT EMAIL: _____

ANY SPECIAL REQUESTS, OTHER EVENT INFORMATION, OR FURTHER INFORMATION:

***Please send company logo when emailing form.**

**Please email completed form with logo to Debbie Seeley (706-257-1182)
dseeley@columbusgachamber.com**