

RIBBON CUTTING REGISTRATION FORM

Please return the form no later than one week prior to the date of your ribbon cutting.

Please submit the below information *exactly* as you would have it appear in press releases and other print materials.

Business Name:		Business Phone:	
Business Name:			(Phone to be included in press releases).
Contact Name:		Title:	
Contact Phone:	Contact Email:		
Owner's Name(s):			
Clergy or Designee Name:		Ті	tle: (Pastor, Reverend, or Business Title, etc.)
Church or Business Affiliation: (Of the Cla	ergy Member or Designee listed a	bove).	
Ribbon Cutting Address:			
Please list any staff members y	you would like us to recogn	ize in the spaces pi	rovided below:
Staff Name		Title:	
Staff Name		Title:	
Staff Name		Title:	
Will you be providing light refreshments, a light r		(Wa will advantice the	ahove to those invited)

RIBBON CUTTING PRESS RELEASE

Please put in the below box any information you would like us to include in the Press Release:

Points to consider including in the above press release:

- The services you provide
- What you do and why it is important
- An action you want the reader to take

Example Press Release from the Chamber point of view:

The Douglas-Coffee County Chamber of Commerce is a membership organization dedicated to enhancing the economic development of our region. We are a *catalyst* for business growth and development, a *convener* for community leaders and influencers, a *connection* between the Coffee County business community and legislators, and a *champion* for the community. Become a member of the Chamber of Commerce today by visiting us online at www.coffeegachamber.com or give us a call at 912.384.1873. Business is Brewing in Douglas-Coffee County, Georgia!

Please let us know if you have any questions!