

SECTION ONE: TELL US ABOUT YOUR EVENT

This information will help us to better promote your business and the event.

Company Name:	
Primary Contact Name:	Title:
Contact Telephone:	Contact E-Mail:
Event Location Address:	
(*Ribbon Cuttings can be held at the Chamber office for	members who do not have a physical location.)
Proposed Event Date Options:	
Option #1 Date:	Option #1 Time:
Option #2 Date:	Option #2 Time:
Purpose for Ribbon Cutting (please select one):	
Grand Opening Business Expansion Business Re	elocation New OwnershipNew Chamber MemberOther
*If Other please list reason:	
Do you currently have a business license with the City of Ent	terprise?YESNO
Who will provide company remarks during the Ribbon Cuttin	ng Ceremony?
Do you have any additional company representatives that y	ou would like recognized?YESNO
*If YES, please list names and titles:	
	l during event, please describe:
SECTION TWO: TELL US WHAT YOU NEED FROM THE C Chamber Membership mailing labels - \$15.00 Chamber Member caterers list Local media contacts list	0
PLEASE EMAIL, DROP OFF, OR MAIL THIS FOR Enterprise Chamber of Commerce	OFFICE USE ONLY
PO Box 310577 I 553 Glover Ave, Enterprise, AL 36330	Former and strends

PO Box 310577 I 553 Glover Ave, Enterprise, AL 36330 Phone: (334) 347-0581 Email: <u>info@enterprisealabama.com</u>

*A Chamber team member will contact you once your request has been processed. Feel free to contact us with additional questions.

Form received:_____ Event date: _____ Payment received: _____ Check/Cash/CC

Rev. 1/2023