

# MIAMI REGIONAL CHAMBER OF COMMERCE

## RIBBON CUTTING REQUEST FORM

COMPANY NAME \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

EMAIL \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

TELL US ABOUT YOUR COMPANY: \_\_\_\_\_

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BUSINESS HOURS \_\_\_\_\_

### WHAT ARE YOU CELEBRATING:

New Business Opening       Business Relocation       Business Expansion

Change of Ownership       Groundbreaking

WHO WILL BE REPRESENTING YOUR COMPANY AT THE RIBBON CUTTING? (Provide name, title and a bit of information that we can share – this is optional) \_\_\_\_\_

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### RIBBON CUTTING DATE/TIME PREFERRED

First Date Preferred \_\_\_\_\_ Preferred Time \_\_\_\_\_

Second Date Preferred \_\_\_\_\_ Preferred Time \_\_\_\_\_

### Please Return to:

Miami Regional Chamber of Commerce

11 S. Main St., Miami OK 74354

Or via email to Takisha Estes: [tmestes@miamiokchamber.com](mailto:tmestes@miamiokchamber.com)

### Questions? Call

Takisha Estes or Cindy Morris

918-542-4481