## MIAMI REGIONAL CHAMBER OF COMMERCE PHOTO OPPORTUNITY REQUEST FORM

COMPANY NAME			
CONTACT PERSON		TITLE	
ADDRESS			
CITY		State	Zip Code
EMAIL			
BUSINESS PHONE		CELL PHONE	
TELL US ABOUT YOUR COM	MPANY AND WHY YOU W	OULD LIKE A	PHOTO OPPORTUNITY:
BUSINESS HOURS			
WHAT ARE YOU CELEBRAT	ΓING:		
☐ Joining the Chamber	$\square$ Business Relocation	☐ Bus	iness Expansion
☐Change of Ownership	□Groundbreaking		
WHO WILL BE REPRESENT name, title, and a bit of inf			PPPORTUNITY? (Provide
PHOTO OPPORTUNITY DA	TE/TIME PREFERRED		
First Date Preferred		Preferred Ti	me
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

## **Questions? Call**

Takisha Estes or Cindy Morris 918-542-4481