

RIBBON CUTTING REQUEST FORM

Company Name			Date	_/
Contact Name:				
Event Location Addres	SS:			
Contact Phone:	Contact Fax:			
Company Website:	Contact E-mail:			
As a member benefit,	I am requesting the L	incoln Chamber's as:	sistance in hosting a:	
☐ Ribbon Cutting	☐ Groundbreaking	☐ Open House	☐ Grand Opening	☐ Other
If other, please describ	e the reason for the ϵ	event:		
Date and Time Reques	sted: (Day of Wee	// ek)	at (Time)	□ a.m. □ p.m.
For the best possibl	e attendance, please	schedule your event	between 9 a.m. & 4 p	o.m., Mon - Fri.
Please give a brief des	cription of your busir	ness and its role in the	business community	r:
Please select a Ribbor	Cutting package:			
Ambassadors and cemail. The Chambe	lignitaries. Your even r will provide a staff n	t will be listed on the contact of t	Chamber's website an	nail invitation to Chamber and in the weekly First Call eremonial scissors, ribbon Magazine.
	the Standard Ribbor ok page and a photo t	n Cutting Package PL		ill create an event on the ed social post and in the
Company Representat	ive Signature Da	te Chamber Rep	resentative Signature	 Date

Please sign and return at least 14 days prior to the requested event date, via email to Nichole Kaiser at nkaiser@lcoc.com OR fax 402-436-2360. If you have questions regarding your request, please call 402-436-2355.

The Lincoln Chamber of Commerce welcomes the opportunity to help celebrate business achievements. All events associated with the Lincoln Chamber must support our mission and the well-being of our organization. As part of the event, the Lincoln Chamber will have a representative present to give a brief introduction as well as provide ceremonial scissors and ribbon. The host business is responsible for all invitations. Pleaser refer to the Ribbon Cutting Information Packet for more additional details.

Please note: The Lincoln Chamber has the right to decline, cancel, alter, reschedule or disassociate with any ribbon cutting or other event at any time.