RIBBON CUTTING CONTRACT

RIBBON CUTTING CEREMONIES ARE TO PROMOTE THE FOLLOWING (WITHIN A 3 MONTH PERIOD WHERE APPLICABLE): OPENING A NEW BUSINESS, EXISTING BUSINESS OPENING A NEW LOCATION OR COMPLETING A MAJOR RENOVATION, EXISTING BUSINESS CHANGE OR OWNERSHIP, CELEBRATION OF A MILESTONE ANNIVERSARY, AND DEDICATIONS.

A RIBBON CUTTING CEREMONY IS A PUBLICITY OPPORTUNITY FOR YOUR BUSINESS. THE FOLLOWING PROVISIONS HAVE BEEN PUT IN PLACE FOR BEST RESULTS.

1. THE HOST MUST BE AN ACTIVE CHAMBER MEMBER IN GOOD STANDING. NEW MEMBERS MUST HAVE SUBMITTED MEMBERSHIP DUES PAYMENT PRIOR TO THE CEREMONY DATE.

2. THE HOST IS RESPONSIBLE FOR:

- CHOOSING A DATE PREFERABLY ON A TUESDAY OR THURSDAY AT 10:30 A.M. OR 1:00 P.M.
- UNDERSTANDING THAT RIBBON CUTTINGS ARE SCHEDULED ON A FIRST-COME, FIRST-SERVED BASIS
- PROVIDING THE CHAMBER WITH A HIGH RESOLUTION COMPANY LOGO AND A BRIEF (ONE SENTENCE) DESCRIPTION OF THE BUSINESS. PLEASE SEND TO MEMBERSHIP@BATESVILLEAREACHAMBER
- UNDERSTANDING THAT THE RIBBON CUTTING CEREMONY IS A PHOTO OPPORTUNITY AND IS SCHEDULED FOR APPROXIMATELY 15 MINUTES. HOSTS MAY HAVE A LARGER EVENT, SUCH AS AN OPEN HOUSE, IN CONJUNCTION WITH A RIBBON CUTTING CEREMONY, BUT WILL BE RESPONSIBLE FOR COMMUNICATING THAT INFORMATION AND INVITING GUESTS TO THAT EVENT

3. THE CHAMBER IS RESPONSIBLE FOR:

- PROVIDING RIBBON AND SCISSORS
- PROVIDING A PODIUM WITH MICROPHONE, UPON REQUEST
- PROVIDING A PHOTOGRAPHER
- HAVING A LEAST 5 CHAMBER REPRESENTATIVES ONSITE FOR UP TO 15 MINUTES
- EMAILING INVITATIONS TO CHAMBER BOARD MEMBERS, STAFF, CHAMBER AMBASSADORS, AND MAYORS/DIGNITARIES (SPECIAL GUESTS UPON REQUEST)
- SUBMITTING A PHOTOGRAPH TO THE FOLOWING ESTABLISHED MEDIA CONTACT: ARKANSAS DEMOCRAT GAZETTE, CHAMBER WEEKLY NEWSLETTER, CHAMBER FACEBOOK PAGE, CRAIN MEDIA, KASU, KFFB, MEADWLAND MEDIA AND W.R.D ENTERTAINMENT. (THERE IS NO GUARANTEE OF MEDIA PUBLISHING PHOTOGRAPH)

BUSINESS/ORG NAME _____

DESCRIPTION OF BUSINESS _____

DATE OF OPENING, MILESTONE, NEW OWNERSHIP, ETC. _____

PLEASE CIRCLE ONE: NEW BUSINESS RELOCATION NEW OWNERSHIP ANNIVERSARY

NEW TO CHAMBER DEDICATION REMODEL

ADDRESS WHERE REQUESTED RIBBON CUTTING WILL TAKE PLACE _____

REQUESTED DATE & TIME FOR RIBBON CUTTING_____PHONE_____

PLEASE ATTACH A LIST OF SPECIAL GUESTS TO BE INVITED. MUST INCLUDE E-MAIL ADDRESS AND PHONE NUMBER.

CONTACT PERSON_____SIGNATURE_____