



RIBBON CUTTING CEREMONY REQUEST FORM

As a benefit to our members, the New Orleans Regional Black Chamber of Commerce is happy to help celebrate your business by hosting a Ribbon Cutting Ceremony for your grand opening, new product unveiling, and more! In order for us to assist you with a successful event, we require requests to be submitted **one month in advance** of the date requested. Please provide business information, details about your requested event, and contact information.

Ribbon cuttings can be scheduled **Monday through Friday from 9:00 a.m. to 5:00 p.m.**, and Saturday or Sunday between 11:00 a.m. and 3:00 p.m.

As a Chamber event, we will market your event to our members via our website, social media platforms, and feature in our newsletter. The Chamber will gladly assist you with the following:

- Notify Chamber members and the community of your ribbon cutting, encouraging their attendance
- List your ribbon cutting on the Chamber's website, newsletter, and social media
- Have a member of the Chamber's team provide congratulatory remarks
- Ribbon and scissors to facilitate your ribbon cutting

The business hosting the ribbon cutting will:

- Complete ribbon cutting request form
- Promote your event *and* invite guests (customers, family, friends, etc.)
- Provide all pertinent business information, business content, and flyer(s) to the Chamber at least 30 days prior to event date, and details about what your guests can expect

As a business host, I agree to the guidelines for a ribbon cutting ceremony. I fully understand this is my event and understand my role as host business.

Business name: _____
Primary Contact name: _____
Contact email: _____ Phone: _____
Business Address: _____

Reason for Ribbon Cutting (place 'X' where applicable)

____ Grand Opening ____ Grand Re-Opening ____ Relocation ____ Remodel
____ New Ownership ____ Anniversary ____ Other

Estimated Number of Attendees Anticipated: _____

Location of Event, Name and Address:

Proposed Event Date: 1st Choice _____ 2nd Choice _____
Proposed Event Time: 1st Choice _____ 2nd Choice _____

Will you have a speaker at your event: _____

Do you have two volunteers: _____
(You will need two volunteers to hold up the ribbon)

Will you have a photographer: _____

Will you be serving food: _____ Serving Alcohol: _____

Will there be any entertainment/demonstration: ____ YES ____ NO

If so, please give a brief description:

Please be sure to email your completed form to Jazmine McDaniel, at membership@norbchamber.org. You will be notified once your request has been received. If you would like more information, feel free to contact us at (504) 948-0991.