



Palm Springs
CHAMBER OF COMMERCE



RIBBON CUTTING – COUNCIL REQUEST FOR APPEARANCE

BUSINESS NAME (type or print clearly):

CONTACT FIRST & LAST NAME:

EMAIL:

PHONE:

DESCRIPTION OF FUNCTION (REASON FOR RIBBON CUTTING):

DATE:

TIME:

LOCATION:

TALKING POINTS FOR COUNCIL TO COVER RELATED TO YOUR BUSINESS:

ANYTHING I SHOULD KNOW ABOUT ORGANIZATION:

PLEASE COMPLETE AND RETURN TO BRITTNE WATSON AT BWATSON@PSCHAMBER.ORG THANK YOU.