

As a new member of the Arlington Chamber of Commerce, we would like to formally welcome you with a ribbon cutting.

Please fill out this form and fax to 817-261-7067.

Attention:events@arlingtontx.com

COMPANY NAME		
CONTACT NAME		
PHONE NUMBER	EMAIL	
ADDRESS OF RIBBON CUTTING		
CITY	STATE	ZIP
WEB SITE		_ (Please email logo, 300 dpi res. or higher)
Proposed dates: Ist choice:	2 <sup>nd</sup> choice:	3 <sup>rd</sup> choice
		End?
Will food/drinks be provided (Y/N)		
Will the ribbon cutting take place	inside or outside?	
		//N)
,	,	
Information you want on the websi about your company and this even	•	w long in business, anything you want to say 's on our website for samples.):