



Ribbon Cutting Form

Company Name: _____ Contact Person: _____

Phone # _____ Email: _____

Address of event location: _____

Please provide the date and time of the event. Provide 2 alternate dates and times in case your first choice can not be accommodated.

1st choice: _____

2nd choice: _____

3rd choice: _____

We will need at least 4 weeks notice to process your request and make sure a Chamber Director can be in attendance.

Fax your request to 562-795-5637. If you have any questions please call the Seal Beach Chamber of Commerce office at 562-799-0179. Or e-mail us at info@sealbeachchamber.org

Seal Beach Chamber of Commerce
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