



MUSKEGON LAKESHORE

chamber of commerce

CELEBRATION KIT REQUEST FORM

Celebration Kits are available to assist you with marketing and planning your grand opening, expansion, open house, anniversary, award or new program being offered by your organization. If you have not yet set the date of your celebration, contact the Chamber to confirm staff/ambassador availability and community event conflicts. There are two options available, the Grand Celebration Package or the Fast Track Package.

THE GRAND CELEBRATION PACKAGE—\$250

A minimum 6 weeks' notice is required—Limited to 3 per month
Place a check mark next to the items you would like to receive

- Social Media and Chamber Promotions—boosted Facebook post, Twitter post, e-events, e-news and chamber website*
- Photos taken during the event delivered to you via Dropbox
- Recognition certificate suitable for framing
- Local media list
- Full membership list
- Staff and Ambassadors to attend and assist with presentation
- Presentation from chamber leadership at event
- Special invite to local and state elected officials
- Use of ribbon and large scissors
- Emailed planning kit—sample press release, sample agenda, catering members, florist members, rental members

THE FAST TRACK PACKAGE —\$125

A minimum 2 weeks' notice is required
Place a check mark next to the items you would like to receive

- Social Media and Chamber Promotions—boosted Facebook post, Twitter post and chamber website*
- Photos taken during the event delivered to you via Dropbox
- Staff to attend and assist with presentation
- Use of ribbon and large scissors
- Email containing contacts for catering members, florist members, rental members

***Please note that you should not rely solely on the Chamber to attract your attendees.**

QUESTIONS?

Contact Tamara Jackson-Gatewood at 231-722-3751 or tjackson@muskegon.org

Type of event: Grand Opening Open House Anniversary Celebration Business Expansion Groundbreaking

Date and Time Requested: _____ Time of Ribbon Cutting (if applicable): _____

Location of Celebration: _____

Organization _____ Contact Person _____

Phone _____ Email _____ Send invoice via email (Y/N) _____

Method of Payment: Bill Me Visa/M.C./Discover CC# _____

Exp. Date _____ 3-digit pin on back of card _____ Billing Zip _____

***PAYMENT IS REQUIRED PRIOR TO ANY PROMOTION OR PARTICIPATION BY THE MUSKEGON LAKESHORE CHAMBER OF COMMERCE.**

Registration Options: Call the Chamber at 231-722-3751 | Send a check to 380 W. Western Ave. Muskegon, MI 49440