

AMBASSADOR RETENTION FORM

Date _____

Partner Business Name _____

Name of Person Contacted _____

Title of Person Contacted _____

Email of Person Contacted _____

Name of Ambassador _____

Type of Contact In Person Phone Call Email

Any Changes to Contact Information? _____

Tell me about your business. What makes you unique? (Growing? Stale? Declining? Why?)

Exciting news to share? (Expansions? New Locations? Renovations? Events? Website Changes? Etc.) Any staff changes? (Promotions? Development of new positions?)

What challenges, if any, is your business currently facing?

What are your partnership expectations? Are we meeting them? If not, how can we better support your business?

Have you attended any events so far? Which ones? If none, why? (Invite to next event)

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Would you like information on any of the following Chamber Partner services or benefits? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Chamber Advertising/ Low Cost Marketing | <input type="checkbox"/> Business Resources |
| <input type="checkbox"/> Chamber Health Insurance Plan | <input type="radio"/> SCKONE |
| <input type="checkbox"/> Networking/ Visibility | <input type="radio"/> Size UP |
| <input type="checkbox"/> Sponsorship Opportunities | <input type="radio"/> Training Consortium |
| <input type="checkbox"/> Ribbon Cutting/ Celebration | <input type="checkbox"/> Business Directory Access/ Referrals |
| | <input type="checkbox"/> Meeting Space |

Do you have any questions or concerns regarding your Chamber Partnership? _____

Would you like a visit or contact from a chamber staff person? Yes No