CALLAWAY CHAMBER OF COMMERCE

Show Me Innovation Pitch Competition Application

Business Name: _____

Address: _____

Website: _____

Contact Name: _____

Contact Email: _____

Phone Number:_____Alternate Number: _____

Name of Presenter(s): _____

Please provide the following information about your business:

Is your business currently licensed in the State of Missouri? Yes No

How long has your company been in business? _____

What business category best describes your business? _____

Describe your main product or service in 2-3 sentences.

Problem your business is solving and what is your solution:

Who are your competitors? How are you different?

If you win, what will you do with the prize money?

_____ I will attend the 8 week virtual pitch lab classes or watch the recordings.

_____ I will sign up for 1x1 weekly virtual coaching session.

_____ I understand that I will need to be available to present the morning of October 30th.

_____ I understand that my business MUST be located or plan to be located in Callaway County.

I certify that the information provided on this application is accurate. I understand that withholding of information or giving false information will result in a disqualification and forfeiture of all prizes.

Print Name: _____

Signature: _____

Date: _____