



RESTAURANT WEEK REGISTRATION FORM

Restaurant Name _____
Contact Person _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Website _____

We will serve (check one or more):

Lunch menu Dinner menu Discounted a la carte menu

PAYMENT

Please choose one of the following:

Participation (Chamber member): **\$250** Featured Restaurant: **\$750**

Please choose one of the following payment options:

Invoice me Check* Credit Card (Visa/Mastercard/American Express/Discover)

**Please make payable to Arlington Chamber of Commerce*

Credit Card No. _____ Exp. Date _____
Security Code _____ Billing Zip Code _____
Signature _____ Date _____

Please submit this form using one of the following forms of communication:

MAIL

Arlington Chamber of Commerce
2009 14th Street, North, Suite 100
Arlington, VA 22201

EMAIL

Olivia McKay
(703) 525-2400
chamber@arlingtonchamber.org