



ARLINGTON CHAMBER OF COMMERCE

## 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 14<sup>th</sup> Street, North, Suite 100  
Arlington, VA 22201

#### **EMAIL**

Olivia McKay  
(703) 525-2400  
[chamber@arlingtonchamber.org](mailto:chamber@arlingtonchamber.org)