



ARLINGTON
**RESTAURANT
WEEK** PRESENTED BY amazon

OCTOBER 19-26

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):

- Takeout menu Lunch menu Dinner menu Discounted a la carte menu

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