



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 (Non-Member): **\$500**

Participation + Chamber membership: **\$1,000**

Please choose one of the following payment options:

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