

RESTAURANT WEEK REGISTRATION FORM

Street Address City	Restaurant Name				
Street Address	Contact Person				
PhoneEmail	Street Address				
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	City		State Z	ip	
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Security Code Billing Zip Code	*Please make payable	to Arlington Chamber of Co	ommerce		
Security Code Billing Zip Code					
	Credit Card No			Exp. Date	
Signature Date	Security Code		Billing Zip Code	<u> </u>	
	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