



OCTOBER 18-25

ARLINGTON CHAMBER OF COMMERCE

RESTAURANT WEEK CHAMBER MEMBER 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

(703) 525-2400
chamber@arlingtonchamber.org