



ARLINGTON  
**RESTAURANT**  
**WEEK** PRESENTED BY  
**amazon**

**OCTOBER 18-25**

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

**PAYMENT**

Please choose one of the following:

Participation (Non-Member): **\$250**     I would like to join the Chamber and participate: **\$750**

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

**EMAIL**

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