



RESTAURANT WEEK REGISTRATION FORM

Restaurant Name _____

Contact Person _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Website _____

We will serve (check one or more):

Breakfast menu Lunch menu Dinner menu Takeout menu

Are Reservations required? YES NO

Reservation website _____

PAYMENT

Please choose one of the following:

- Participation (Non-Member): **\$250**
 I would like to join the Chamber and participate: **\$800.**

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
Attn: Will Mulligan
2009 14th Street, North, Suite 100
Arlington, VA 22201

EMAIL

(703) 525-2400
engagement@arlingtonchamber.org