



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

**EMAIL**

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