



**GREATER RESTON
CHAMBER of COMMERCE**



RESTAURANT WEEK COMMITMENT FORM

CONTACT INFORMATION

Restaurant Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Website _____

EVENT DETAILS

Who will serve as your main point of contact for Restaurant Week?

Name _____ Title _____
Phone _____ Email Address _____

We will serve:

- Lunch menu Dinner menu Discounted food items (do not serve lunch or dinner)

PAYMENT

- \$250 - Current Reston Chamber member or VHTA Member \$400 - Future Reston Chamber member

I will pay by:

Check (made out to Greater Reston Chamber of Commerce)
Visa MC AmEx # _____ Exp. Date ____/____ CVC _____
Name on Card _____ Signature _____

Please return this completed form to LJ Wilson Communications Manager, by email to LJW@RestonChamber.org. You can also register to participate on the Chamber's website at www.RestonChamber.org/Events. A representative from the Chamber will follow up with you for your logo and menu items.

IMPORTANT DATES TO REMEMBER

- MARCH 1, 2015.....Deadline to be included in print materials and advertising
MARCH 9, 2015.....Last day to sign up for Restaurant Week
Final menu(s) due
MARCH 23-30, 2015.....Northern Virginia Restaurant Week

