

ARIZONA RESTAURANT WEEK MAY 15-25, 2015

RESTAURANT PARTNERSHIP AGREEMENT FORM

Participation Submission Deadline (Fees & Form): **May 5, 2015**

Name _____

Please provide the name of the person who will be responsible for all elements of 2015 Arizona Restaurant Week, including menu submittal, collateral distribution, etc.

Email Address _____

Phone _____ Fax _____

Restaurant _____

Address _____

Phone _____ Fax _____

Website _____

Recognition _____

REGISTRATION FEES:

SPRING ONLY

- \$350 Association Members
- \$500 Non-Association Members
- We have enclosed TWO \$50 gift cards
(GOOD FOR AT LEAST 1-YEAR)

SPRING & FALL ONLY

- \$600 Association Members
- \$1,000 Non-Association Members
- We have enclosed FOUR \$50 gift cards
(GOOD FOR AT LEAST 1-YEAR)

BECOME A MEMBER

You can become a member of the ARA for \$295 per location to enjoy member pricing for each season of restaurant week!

- Yes, I want to add the cost of membership to my total fees so I can take advantage of member pricing.

PAYMENT AGREEMENT

Please Check Appropriate Box:

- I understand my restaurant(s) will not be viewable on the ARW website until BOTH my registration fee and gift cards have been received by the association.
- I have enclosed a check payable to The Arizona Restaurant Association.
- Please send me an invoice.
- Please call for credit card information.
- Please bill the credit card provided below.
 - Visa
 - MasterCard
 - American Express
 - Discover

Name on Card _____

Account Number _____

Expiration Date _____ Signature _____ Date _____

We appreciate your support and remind you that a portion of your donation is TAX DEDUCTIBLE. For your records, the tax ID number for The Arizona Restaurant Association is 86-0599958. Please consult your tax advisor for specific tax deductibility

MAIL: Arizona Restaurant Week | 4250 N. Drinkwater Boulevard, Suite 350, Scottsdale, AZ 85251

EMAIL: Tiffanie Hawkins | tiffanie@azrestaurant.org

FAX: (602) 307-9139